

APPLICATION FORM – ADULT COURSES

120 Melbourne Road, Leicester, Leicestershire, England, UK, LE2 ODS.

ONLY COMPLETE THIS APPLICATION FORM IF YOU ARE AGED 18 YEARS OR OVER ALL DETAILS MUST BE COMPLETED IN BLOCK CAPITALS USING BLACK INK

| TYPE OF APPLICATION | | |
|---------------------|--------------|-----------|
| ☐ FE Urdu | ☐ FE English | ☐ Tajweed |

SECTION 1: PERSONAL INFORMATION

| 1A: DETAILS OF APPLICANT | | |
|----------------------------------|------------------------|---------|
| First Name | Address | |
| Other Names | | |
| Last Name | City | Country |
| Date of Birth | Post Code | |
| Place of Birth | Telephone (Landline) | |
| Nationality | Telephone (Mobile) | |
| Current Occupation | Marital Status | |
| 1B: DETAILS OF EMERGENCY CONTACT | | |
| First Name | Address (if different) | |
| Other Names | | |
| Last Name | City | Country |
| Date of Birth | Post Code | |
| Place of Birth | Telephone (Landline) | |
| Nationality | Telephone (Mobile) | |
| Current Occupation | Relation to Applicant | |

SECTION 2: DETAILS OF ISLAMIC EDUCATION

| 2A: DETAILS OF MADHHAB | | |
|---|-----------|--|
| Which of the following madhhab do you follow? | | |
| ☐ Hanafi | ☐ Hanbali | |
| ☐ Shāfi'i | ☐ Maliki | |
| 2B: DETAILS OF PREVIOUS ISLAMIC EDUCATION | | |
| Upto what level of Islamic Education has been acquired? | | |
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SECTION 3: DETAILS OF APPLICANT'S HEALTH

| 4A: HEALTH DETAILS OF APPLICANT | | | | |
|---|--|--|--|--|
| GP's Name | | | | |
| Address Telephone | | | | |
| Please give details of any disability /long term illness the applicant maybe suffering from and any regular medication being taken | | | | |
| Please mention any factors which may affect your regular attendance | | | | |
| RULES AND REGULATIONS | | | | |
| Acceptance and refusal of applications is the right of Islāmic Da'wah Academy (Riyādus Sālihāt). All admissions will initially be on a two months trial basis. Disclosure of all previous character and conduct is necessary. All Islamic principles must be followed, particularly dress code and social affairs. IDA (Riyādus Sālihāt) reserves the right to dismiss any student when deemed necessary, without right of appeal. Any one dismissed from IDA (Riyādus Sālihāt) will have no legal remedy against IDA (Riyādus Sālihāt). The applicant must attend all lessons, with punctuality, except when permission has been granted. To insult any teachers or staff of IDA (Riyādus Sālihāt) is inexcusable behaviour and any student found guilty of such will be liable for dismissal. The applicant will be responsible for any damage that may be caused by the applicant to any property, buildings and premises owned by IDA (Riyādus Sālihāt). IDA (Riyādus Sālihāt) will not be held responsible for any injuries etc. caused or received during the abovenamed applicant's attendance at, to and from IDA (Riyādus Sālihāt) and all its buildings and premises, and waive any claims against IDA (Riyādus Sālihāt). All applicants who are accepted must comply with the above rules as well as any further regulations of IDA (Riyādus Sālihāt). | | | | |
| Islāmic Da'wah Academy (IDA) is committed to fulfilling all its obligations under the Data Protection Act 1998 and | | | | |
| individuals are assured that it will treat their personal data with all due care. The information you supply will be used for the purpose intended. The IDA will, as far as practicable, ensure that all individuals whose details we hold are aware | | | | |
| of the way in which that information is held, used, and disclosed and whether the recipients are internal or external to | | | | |
| the Academy. Furthermore the 'processing' within the IDA will be fair and lawful and the information held securely. | | | | |
| DECLARATION | | | | |
| I declare that the information provided in this application form is accurate and truthful to the best of my knowledge. I accept and agree to abide by the rules and regulations of IDA (Riyādus Sālihāt). I also consent to the information supplied by me being held on file under the terms of the Data Protection Act 1998. I agree to pay the required sum of fees for this course. | | | | |
| Applicant's Signature Date | | | | |
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| OFFICE USE ONLY | | | | |
| Application received on Applicant contacted on | | | | |
| Admitsion date Admitted to Class | | | | |