

Note: Please complete in CAPITAL LETTERS, completing all sections in full



JAMIATUL ULOOM AL ISLAMIA

364—370 Leagrave Road, Luton, Beds LU3 1RF

Tel: 01582 595 535

Dcsf No: 821/6006

Charity No: 1084269

Website: www.jamialuton.org

Email: info@jamialuton.org

16+ Alim Course Application Form

"And Say: Oh Allah, increase my knowledge"

(Quran 20:114)

Applicant Details			
Forename(s):		Surname:	
Address:			
			Postcode:
Main contact no		Email	
Date of Birth		Age	
Place of Birth		Right of permanent abode in the UK:	
Nationality		Ethnicity	

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Applicant's Previous Education: (1) Academic

Name of Institute:	Dates attended:
Address:	

If you've attended more than one academic institute, please complete the details of all of them in the spaces below.

Name of Institute:	Dates attended:
Address:	
Name of Institute:	Dates attended:
Address:	

Applicant's Previous Education: (2) Islamic

Name of Institute:	Dates attended:
Address:	

If you've attended more than one academic institute, please complete the details of all of them in the spaces below.

Name of Institute:	Dates attended:
Address:	

Qualifications

Subject	Level	Grade
Academic		
Islamic		

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Applicant's Individual Educational Information

Do you currently attend an Islamic Institute? If yes, please give details:	Yes		No	
Do you currently attend an Academic Institute? If yes, please give details:	Yes		No	
Are you currently employed? If yes, please give details:	Yes		No	
Are you fluent in the recitation of the Blessed Qur'an?	Yes		No	
Are you fluent in English?	Yes		No	
Are you familiar/ fluent in any other languages? If yes, please give details:	Yes		No	
Would you require any additional learning assistance? If yes, please give details:	Yes		No	
Is there any information Jamiatul Uloom Al Islamia should know about you that could affect your learning? If yes, please give details:	Yes		No	
Have you studied the subjects, or similar subjects, of this Alim course in your previous learning? If yes, please give details:	Yes		No	

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Medical Information

Name of Doctor:

Name of Surgery:

Address:

Postcode:

Telephone:

Do you suffer from any illnesses? (If yes, please give details below:)

Yes

No

Are you on any regular medication or medical treatment?

Yes

No

If yes, please give details below.

Illness	Name of Medication / Treatment	How often is the medication taken?

Medical Assistance Consent

I give consent for the relevant member of staff(s) to provide me with medical assistance.

Applicant's signature:

Emergency Contacts

Name of Contact 1:

Relationship to you:

Address:

Post Code:

Telephone:

Mobile:

Name of Contact 2:

Relationship to you:

Address:

Post Code:

Telephone:

Mobile:

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RULES AND REGULATIONS

1. Upon receipt of this application, Jamiatul Uloom Al Islamia will contact the current/previous institutes for references.
2. Along with this application form, **two** references; one **professional** and one **personal**, must also be submitted.
3. Prior to enrolment, all applicants must partake in an **interview** to aid in assessing eligibility.
4. When signing this form, you agree to pay all financial fees involved in the academic year. There is a one-off **£50 registration fee** for each applicant upon enrolment.
5. The annual fee for this academic year is **£1000**.
6. Payments can be made in full (**£1000**) at the beginning of the course, two instalments (**£500**) at the beginning and middle of the course, September -February.
7. All fees for the current academic year must be cleared by **March**.
8. Once fees are paid, they will not be refunded.
9. If you intend to leave the course, you will have to inform the course leader **two weeks in advance**. All fees incurred must be cleared.
10. Disclosure of all previous character and conduct is necessary.
11. In all aspects of life, particularly prayers, dress, social affairs, etc, Sacred Shariah and Sunnah of the Noble Prophet *Sallallaahu Alaihi Wasallam* is to be practiced.
12. The Principal reserves the right on all admissions & expulsions, and is not liable to give any reason for decisions.
13. To insult, offend or abuse in any manner, verbal, physical or otherwise, the trustees, teachers or any staff of Jamiatul Uloom Al Islamia will be an inexcusable offence and will be liable for expulsion.
14. Jamiatul Uloom Al Islamia has the right to expel any student when necessary. Any one expelled from Jamiatul Uloom Al Islamia will have no legal remedy against Jamiatul Uloom Al Islamia. However, they will be entitled to an appeal.
15. With this application form, we require the original of **two forms of ID** (e.g. current passport and birth certificate) and **one document** showing **proof of address**. A copy of these documents will be made and returned to you immediately.
16. **If the applicant fails to perform well during the year, his progress will be reviewed, which may result in the applicant repeating that year.**
17. All the above rules and regulations, detailed policies and future rules will have to be fully observed.
18. Further details of policies, rules and regulations can be obtained upon request.

DECLARATION

1. The information I have given on this form is true and accurate to the best of my knowledge. I understand that my application will be disqualified if I have knowingly given false information.
2. I have read and understood all the information and questions on this form.
3. I accept to follow **all** the rules and regulations of Jamiatul Uloom Al Islamia.

Applicant's Signature		Date	
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FOR OFFICE USE ONLY

Name of Applicant					
Date of Birth		Age			
Date Received		Admitted	Yes		No
Date of Commencement		Class Admitted			
Admission Number		Admin fees paid	Yes		No