



THE MUSLIM COLLEGE'S IMAMS TRAINING COURSE

APPLICATION FORM

- Please complete this form in **BLACK INK** and **BLOCK CAPITAL LETTERS**.
- If you wish to send a cheque with this form, please could you make the cheque out to **The Muslim College Ltd**.
- Once completed, return the form to: **The Muslim College, 20-22 Creffield Road, Ealing, London, W5 3RP**.
- **Enquiries:** Tel: 020 8992 6636 or e-mail: msraza@muslimcollege.ac.uk.

SECTION A - PERSONAL DETAILS

APPLICANT'S DETAIL:

Title: Mr. Mrs. Miss. Dr.

Forename(s):

Surname:

Nationality:

Marital Status: Single: Married:

Widowed: Divorced:

Date of Birth: / /

ADDRESS DETAILS:

Address:

Post Code:

CONTACT:

Tel (Daytime):

Tel (Evening):

Mobile:

Fax:

e-mail:

VOCATION:

HOW WOULD YOU DESCRIBE YOUR PRESENT STATUS?

Employed (Full Time): Student:

Employed (Part Time): Unemployed:

Self-Employed: Other:

If 'Other', please specify below.

SECTION B - EDUCATION AND EXPERIENCE

PLEASE GIVE DETAILS OF COURSES, TRAINING AND/OR PROFESSIONAL QUALIFICATIONS YOU HAVE:

Qualification	Dates Attended	Results
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE GIVE DETAILS, OF ANY VOLUNTARY WORK, PARTICULARLY IN THE ISLAMIC SECTOR:

Experience	Dates Attended
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PLEASE STATE THREE LANGUAGES YOU KNOW:

<input type="text"/>	Fluent: <input type="checkbox"/>	Working Knowledge: <input type="checkbox"/>
<input type="text"/>	Fluent: <input type="checkbox"/>	Working Knowledge: <input type="checkbox"/>
<input type="text"/>	Fluent: <input type="checkbox"/>	Working Knowledge: <input type="checkbox"/>

PLEASE EXPLAIN BRIEFLY WHY YOU WOULD LIKE TO DO THE IMAMSHIP COURSE?

FOR OFFICE USE ONLY

APPLICATION NUMBER:

RECEIPT OF APPLICATION:

RESULT OF APPLICATION: Granted Deferred Refused

FEE: Paid Muslim College Student

AUTHORISING PERSON: Signature:

Print Name: