AL-HUDA ACADEMY, ADULTS CLASS

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PLEASE FILL IN ALL BOXES BELOW IN BLOCK CAPITAL LETTERS PLEASE RETURN THIS FORM BACK TO THE MAIN OFFICE

[ADULT BROTHERS] QUR'AN CLASS APPLICATION FORM

TYPE OF ADMISSION			
BEGIN THE HIFZ COURSE	COMPLETE OR REVISE YOUR HIFZ		
HOW MANY PARAS HAVE BEEN COMMITTED TO MEMORY?			
HAS ANY TAJWEED BEEN LEARNT?		YES	

DETAILS OF APPLICANT		
SURNAME:	ADDRESS:	
FIRST NAME:	TOWN/CITY:	
DATE OF BIRTH:	POST CODE:	
CURRENT AGE:	MOBILE NUMBER:	
EMAIL ADDRESS:		

	SUITABILITY OF TIME [WHAT ARE YOUR AVAILABLE TIMES?]			
\checkmark	DAYS	FROM	то	
	MONDAY			
	TUESDAY			
	WEDNESDAY			
	THURSDAY			
	FRIDAY			
	SATURDAY			
	SUNDAY			

HEALTH DETAILS OF APPLICANT			
GP'S NAME:			
ADDRESS:			
POSTCODE:	TELEPHONE:		
DOES APPLICANT HAVE ANY MEDICAL CONDITION(S)	OR DISABILITY(S)?	YES	ΝΟ
IF YES, PLEASE GIVE A DETAILED DESCRIPTION OF	ANY MEDICAL CO	NDITION(S) DISAE	BILITY(S):
IS THIS A SHORT-TERM OR LONG-TERM ILLNESS?		SHORT	
WILL ANY MEDICATION NEEDED TO BE TAKEN? [I	NOTE ABOVE]	YES	NO NO

OTHER RELEVANT INFORMATION REGARDING THE APPLICANT			
HAS THE APPLICANT EVER BEEN CHARGED WITH A CRIMINAL CONVICTION(S) EITHER IN THE UK OR ANY OTHER COUNTRY?	YES		
HAS THE APPLICANT EVER BEEN INVOLVED IN, SUPPORTED OR ENCOURAGED TERRORIST ACTIVITIES IN THE UK OR ANY OTHER COUNTRY OR BEEN A MEMBER OF, OR GIVEN SUPPORT TO AN ORGANISATION WHICH HAS BEEN CONCERNED IN TERRORISM OR EXPRESSED VIEWS THAT JUSTIFY OR ENCOURAGED OTHERS TO CARRY OUT TERRORIST ACTS OR OTHER SERIOUS CRIMINAL ACTS?	YES	□ NO	
IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS:			
PLEASE PROVIDE ANY OTHER RELEVANT INFORMATION REGARDING ANY ISSUES OR CONCERNS:			

WHICH SCHOOL OF THOUGHT (MADHHAB) DO YOU FOLLOW?			
	SHAFI'I		

FEES

FEES ARE £15.00 PER WEEK

(CASH AND ONLINE PAYMENTS ARE ACCEPTED)

RULES & REGULATIONS

- 1. ALL APPLICANTS MUST ABIDE BY THE ISLAMIC TEACHINGS.
- 2. APPLICANTS ARE EXPECTED TO PREPARE FOR THERE LESSON BEFORE ARRIVING TO THE ACADEMY.
- 3. THE AL-HUDA ACADEMY HAS FULL RIGHT TO DISMISS OF ANY APPLICANT, WHERE IT DEEMS NECESSARY, AND THE APPLICANT WILL HAVE NO LEGAL REMEDY AGAINST THE ACADEMY.
- 4. IN CASE OF CHANGE OF ANY DETAILS SUCH AS: ADDRESS, PHONE NUMBER, MEDICAL RECORDS, THEN THE APPLICANT SHOULD REPORT TO THE OFFICE IMMEDIATELY.
- 5. IN CASE OF A COMPLAINT OR ANY OTHER MATTER, THE APPLICANT MUST REPORT TO THE PRINCIPAL, WHETHER IN WRITING OR FACE TO FACE

WE AIM TO: 'REVIVE THE YOUTHS' DEEN, AND TO ENGENDER A GREATER UNDERSTANDING OF ISLAM'.

DECLARATION

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION FORM IS THE TRUTH TO THE BEST OF MY KNOWLEDGE. I ACCEPT AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE INSTITUTION, 'AL-HUDA ACADEMY'.

SIGNATURE OF APPLICANT:	DATE:
SIGNATURE OF ADMIN:	DATE:

AL-HUDA ACADEMY IS COMMITTED TO FULFILLING ALL ITS OBLIGATION 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 FOR. AL-HUDA ACADEMY 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 ACADEMY WILL BE FAIR AND LAWFUL AND THE INFORMATION HELD SECURELY.

WE DECLARE THAT TO THE BEST OF OUR KNOWLEDGE THE INFORMATION PROVIDED IN THIS APPLICATION (ALL SECTIONS) IS ACCURATE AND TRUTHFUL. WE ACCEPT AND AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF AL-HUDA ACADEMY. WE ALSO CONSENT TO THE INFORMATION SUPPLIED BY US BEING HELD ON FILE UNDER THE TERMS OF THE DATA PROTECTION ACT 1998.

> THIS FORM AND ALL SENT DOCUMENTS BECOME THE PROPERTY OF AL-HUDA ACADEMY AND WILL NOT BE RETURNED