**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**

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**[ADULT SISTERS] QUR’AN CLASS APPLICATION FORM**

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| **TYPE OF ADMISSION** | |
| **BEGIN THE HIFZ COURSE** | **COMPLETE OR REVISE YOUR HIFZ** |
| **CORRECTING NAZARAH OF THE GLORIOUS QU’RAN** | |

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| **OTHER RELEVANT INFORMATION** | | |
| **HOW MANY PARAS HAVE BEEN COMMITTED TO MEMORY?** |  | |
| **HAS ANY TAJWEED BEEN LEARNT?** | **YES** | **NO** |

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

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| **TIMING & FEES** |
| **ALL ADULT CLASSES FOR SISTERS WILL RUN ON**  **MONDAY’S, WEDNESDAY’S AND FRIDAY’S FROM 5:00PM TO 06:30PM** |
| **FEES ARE £15.00 PER WEEK**  **(CASH AND ONLINE PAYMENTS ARE ACCEPTED)** |

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| **HEALTH DETAILS OF APPLICANT** | | | |
| **GP’S NAME:** | | | |
| **ADDRESS:** | | | |
| **POSTCODE:** | **TELEPHONE:** | | |
| **DOES APPLICANT HAVE ANY MEDICAL CONDITION(S)OR DISABILITY(S)?** | | * **YES** | * **NO** |
| **IF YES, PLEASE GIVE A DETAILED DESCRIPTION OF ANY MEDICAL CONDITION(S) DISABILITY(S):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **IS THIS A SHORT-TERM OR LONG-TERM ILLNESS?** | | * **SHORT** | * **LONG** |
| **WILL ANY MEDICATION NEEDED TO BE TAKEN? [NOTE ABOVE]** | | * **YES** | * **NO** |

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| **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** | **NO** |
| **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:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| **WHICH SCHOOL OF THOUGHT (MADHHAB) DO YOU FOLLOW?** | | | |
| **HANAFI** | **SHAFI’I** | **MALIKI** | **HANBALI** |

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| **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'.** |

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| **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**