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| **OFFICE USE ONLY** | |
| Application Date |  |
| Course Fee |  |
| Academic Year |  |
| Start Date |  |

A logo for a islamic institute

Description automatically generated

**~ LII Adult Courses ~**

**Student Application Form**

For completion IN **BLOCK CAPITAL LETTERS**

|  |  |
| --- | --- |
| Name of Course |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | |
| Surname |  | Forename |  | | | |
| Middle Name(s) |  | Date of Birth | / / | | | |
| Home Address |  | | | | | |
|  | Postcode |  | | | |
| Mobile Number |  | Gender | M |  | F |  |
| Email |  | | | | | |

Please give details of a person whom you wish to be contacted in the event of an emergency

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EMERGENCY CONTACT** | | | | | | | |
| Title |  | Surname |  | | Forename | |  |
| Home Telephone Number | |  | | Mobile Number | |  | |
| Relationship to contact (i.e spouse, parent, sibling, etc) | |  | |  | | | |

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| --- | --- | --- | --- | --- | --- |
| **PREVIOUS STUDIES** | | | | | |
| Have you previously undertaken any courses at Lewisham Islamic Institute? | | Yes |  | No |  |
| If ‘yes’, please provide the name and date of the last course you were enrolled on at LII |  | | | | |

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| **MEDICAL INFORMATION**  *Please give details of any medical condition(s) and/or disability you wish for us to be aware of.* |
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You may use the section below to provide any further relevant information you feel we should know which has not been mentioned already on this form.

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**PLEASE READ THE DECLARATION BELOW AND SIGN**

**I declare that the information I have supplied on this form is true and correct to the best of my knowledge and belief, and I will inform you of any change of circumstances as soon as possible.I have read the terms and conditions and agree to honour all requirements of the study programme as set out by Lewisham Islamic Institute.**

**Signed (Student Signature)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  \_\_\_\_\_\_

**Please print name in BLOCK CAPITAL letters**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **KEEPING IN TOUCH**  *From time to time, LII would like to contact you with information on news and events taking place. Please tick the boxes below if you would like to be kept updated on any of the following:*  ☐Eid and Ramadan announcements  ☐LII / LIC events  ☐Fundraising appeals  ☐Volunteering |

|  |  |
| --- | --- |
| **ETHNICITY DATA** | |
| *This section is OPTIONAL and information will be used for statistical purposes only.* | |
| What languages do you speak? |  |
| What is your ethnicity? |  |