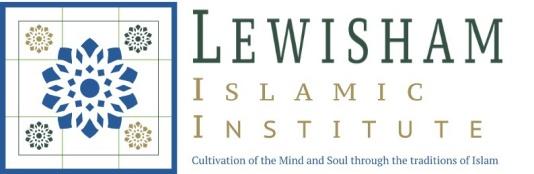
**BROTHERS HIFDH REGISTRATION FORM**

In the name of Allah the Most Gracious the Most Merciful 

**\*PLEASE COMPLETE FORM IN BLOCK CAPITALS\***

First Name: ………………………………………………....….

Surname: ……….……………………………………………….. Date of Birth: ……..…/………../……..….

Ethnicity: ..............................................................

**Group 1:** Monday & Wednesday (7.30 – 9.30pm)  **Group 2:** Tuesday & Friday (7.30 – 9.30pm) 

**Medical Condition & GP Details**

Any special needs disabilities, medical condition (of which we need to be aware of in case of an emergency- please give detail of any medication taken by your child) or anything else we should be aware of:

…………………………………………………………………………………………………………………………………………………………………...................................…..

GP Surgery Name: ......................................................... GP Tel: ..........................................................

**Personal Details:**

Address: …………………………………………………………………

……………………………………………………………………………….

Post code: …………………………………………..………............

**Emergency Contact**

Full Name: …………………………………………………………….....

Relationship: ……………………………………………..

Tel/Mob: …………………………………………………………........

Home Tel: ………………………………………………….……………

E-mail: …………………………………...........…........................

Mobile: ………………………………………………………………….

LII will contact you with regards to different events that take place;

PLEASE TICK your preferences

Eid and Ramadan Announcement



Upcoming LII/LIC events



Fundraising Appeals



Volunteer involvement



PLEASE TICK your preferred method of communication

Email



Text messaging



I have read the **TERMS and CONDITIONS** of the Institute. I agree to honour all the requirements of the study programme and the terms and conditions prepared by LII.

Full Name: ………………………………………………………………………

Signature: ………………………..…………………………………………………. Date: ……………/………………/………...........

**Note:** We take safeguarding personal data seriously and for more information refer to our privacy policy. Our privacy policy can be found on our website at [www.lewishamislamicinstitute.org.uk](http://www.lewishamislamicinstitute.org.uk)





RECEIVED BY: ……………………………………………. Group: ...……

Assessment Date given: .....................................................................................

Assessment Outcome: .......................................................................................

START DATE: ………/………/…….. LEAVE DATE: ………/………/……..

LEAVING REASON: ……………………………………....................................................................................................