



ADULT & CHILD APPLICATION FORM

IADC MADRASAH

Please complete this form in BLOCK CAPITALS in as much detail as possible. We need this information to be able to process the application for yourself or on behalf of someone else (e.g. disabled, child). Information which is mandatory for you to provide is indicated below by a *. If you do not complete the mandatory sections in full this may delay your application. Your application will be acknowledged. A child is considered anyone under 18 years of age.

PERSONAL DETAILS

Please provide your or the applicants (e.g. child) details.

Name*

First Name Last Name

Date of Birth*



Month Day Year

Sex*

Male

Female

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Telephone*

If applicant is adult or for yourself.

Email*

If applicant is adult or for yourself.

NATIONALITY

Are you or the applicant British Citizen?*

Yes

No

If you answered NO above, please state the nationality and what living right they have in the UK.*

Is English your or the applicants first language?*

First language if not English*

Medical Conditions & Learning Disabilities

Do you or the applicant have any medical conditions/learning disabilities that may affect your learning?*

Yes

No

If you answered YES, please provide details.

DETAILS OF PARENT/GUARDIAN/ADVOCATE

Name*

First Name

Last Name

Address*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Relationship to applicant*

Has parental responsibility?*

Yes

No

Not applicable

If you answered NO, when you are the biological parent, please state the reason?*

Email*

example@example.com

Phone Number*

Please enter a valid phone number.

Additional contact e.g. next of kin

Full name, DOB and email/telephone.

HOW WILL WE USE THE INFORMATION YOU PROVIDED IN THIS FORM

The information given in this application form will be dealt and treated with highest of confidentiality in accordance to the Data Protection Act 2018. The information will be used to assess the suitability for your or the applicants place in the Madrasa classes and for the Organisation to accommodate any specific requirements if necessary. Other ways we may use the data include:

- Emergency contact
- Information to be shared with local authority ONLY if required in the best interest of the child
- Treating every child equally and fairly

DECLARATIONS

Please note, some may not be relevant to adult applicants.

1. I request that the child named above be registered as a prospective pupil and confirm that all those with parental responsibility agree. Also I agree that the child will be under my or the next of kins supervision during online lessons. (N/A to adult students)
2. I understand that Islamic Academy & Da'wah Centre will notify me or the next of kin immediately of any medical concerns regarding my child. (N/A to adult students)
3. I understand Islamic Academy & Da'wah Centre will act in the best interest of my child at all times to protect their well-being emotionally and physically, this means where necessary passing referring to local authorities/professionals.
4. I have paid the non-refundable Registration Fee of £10 before returning this completed Application Form duly signed by me, by (please tick as applicable*)

Registration fee payment method

Please indicate how you paid the fee.

I understand that if I do not keep up to the payment of £40/month for the classes, I will be given a warning, followed by a notice of to remove my child's place in the Madrasah.

How will you be making Madrasa payments?(NOTE: PAYMENTS REQUIRED END OF EVERY MONTH)

Bank transfer (PAYG)

Standing order

BANK TRANSFER DETAILS

Name of Bank: Islamic Academy & Da'wah Centre

Account Name: Lloyds Bank Plc.

Account No: 71360468

Sort Code: 30-90-91

Reference as: Applicants initials and postcode number e.g AA22

SIGNATURE

Only the applicant, parent or advocate can sign the form. The Advocate is declaring by signing this form, they have obtained informed consent from the applicant or the legal representative e.g. parent, guardian.

Sign here

Name

First Name

Last Name

Date



Month

Day

Year

Please provide a copy of photographic evidence as part of this application for our records. This could be passport copy or other official document where the child's photo is present.

Send your application form with ID via scanned copy to admin@iadc-org.co.uk