



APPLICATION/ENROLMENT FORM 2016-2017

Please complete the form in BLOCK CAPITALS and return application to:

Jibreel Institute
London Muslim Centre
46 Whitechapel Road
London E1 1JX

Student Number

Section 1 - Your personal details

Please enter your name as it appears on official documents:

Title: Mr Mrs Miss Ms Other Male Female

Family name/Surname

First name(s)

Date of Birth

Home address

Postcode

Mobile no.

Email address

Person to contact in an emergency (if you are under 18 years old, please give parent or guardian details)

Name Relationship

Contact no. Daytime contact no.

Section 2 - The courses you are applying for/enrolling on

Name of course	Level / Module	Start Date	Fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total

Section 3 - Tell us about yourself

Remember to tell us why you want to do this course, what skills and experience you have that may be useful when studying this course?
What do you plan to do after you finish this course?

Section 4 - Information

How did you find out about us?

 TV Text Message / Whatsapp Browsing Internet Mosque Email Word of mouth Social media Other

Section 5 - Declaration and signature

I hereby agree to abide by the terms & conditions set out in the notes below:

- I fully understand the entry requirements, fees, suitability and progression opportunities (where applicable)
- I understand and accept that the Institute reserves the right to close or combine one class with another.
- I accept that I will have to settle the agreed fee before starting on a course.
- I acknowledge that I have read the institute's refund policy and agree to be bound by it.
- I declare that I understand the information I have entered is correct and I understand that this information will be used by JI staff for enrolment and reporting purposes and that some information requested will be stored on computer.

By signing this enrolment declaration I am confirming that the information I have provided is correct. I understand that if false information is declared, action may be taken to reclaim the course fees and any associated costs.

Signature of applicant:		Date:	
Staff name (print):		Date:	

Please return the completed form to:
Jibreel Institute, London Muslim Centre, 46 Whitechapel Road, London E1 1JX