

**DARUL ULOOM
LEICESTER**

دار العلوم
ليستر



Application Form

The Institute of Higher Islamic Education

119 Loughborough Road, Leicester, LE4 5LN, Tel: (0116) 266 8922 Fax: (0116) 299 2458

Web: www.darululoomleicester.org

Email: admin@darululoomleicester.org

1. Applicant details

Forename(s):		Surname:	
Address:		Postcode:	
Tel:		Mobile:	
Date of Birth:		Place of Birth:	
Nationality:		Right of Abode in UK: Yes/No	
Permanent United Kingdom Resident since:			
Your spoken language(s):		Current school year:	

2. Parent/Guardian details

Forename(s):		Surname:	
Address:		Postcode:	
Tel:		Mobile:	
Date of Birth:		Place of Birth:	
Nationality:		Occupation:	
Email:			

3. Academic Education details

Name of School/College last attended:

Address:

Postcode:

Tel:

Duration Attended:

Details of Subject studied and Grades/Level Achieved:

Key Stage 2:

Key Stage 3:

Key Stage 4:

4. Islamic Education details

Name of Masjid/Madrasah/Darul Uloom last attended:

Address:

Postcode:

Tel:

Duration attended:

Completed Reciting the whole Quran text: **Yes/No**

If No, How much?

Have you memorized any part of the Quran? **Yes/No**

If Yes, How much?

Reason for Leaving /Intending to leave:

Details of Islamic books studied (in Alim class or Madrasah) and Grades/Level Achieved:

5. Other Details

Has the applicant had any involvement with the Police?

Yes

No

If YES, please provide details

Has the applicant had any involvement with a terrorist or anarchic group?

Yes

No

If YES, please provide details:

Has the applicant had any involvement with Social/Probation services?

Yes

No

If YES, please provide details:

Does the applicant have SEN (Special Educational Needs)?

Yes

No

If YES, please provide details:

Has the applicant previously applied to the Darul Uloom Leicester

Yes

No

If YES, please give details:

Has the applicant previously been temporarily or permanently excluded from any previous schools?

Yes

No

If YES, please give details:

Please mention below details of any medical conditions, allergies, long term illnesses or operations which the applicant received:

Please provide below any other information which we should know about the applicant:

6. Required Documents

Please provide all the required documents listed below. Application will only be processed once we have received all documents.

1. Copy of Birth Certificate	2. Copy of Most Recent School Report
3. Madrasah/Darul Uloom Report or Letter from Teacher	
4. Two most recent passport size photos	5. Character reference letter (If 16+ old)

7. Declaration

The information we have given on this form is true and accurate to the best of our knowledge. We understand that our application will be terminated if we have knowingly given false information. (Applicant to sign if over 16)

Applicant Name:	
Applicant Signature:	Date:
Parent/Guardian Name:	
Parent/Guardian Signature:	Date:

8. For Office Use Only

Applicant Number:		Date Received:			
Date of Examination:		Trial Date:			
Place offered to Candidate		Conditional offer		Candidate rejected	
Place accepted by candidate	Yes	No	Date of admission:		