

## APPLICATION FORM: CERTIFICATE IN MUSLIM FAMILY LAW 2009

Surname	Forename(s)	Preferred Name	M/F	Title	Date of Birth
What is your Country of Legal Nationality?	Have you been resident in the EU for the last 3 years? If NO give date of entry		Have you been resident in England for last 3 years? If NO give date of entry		
	YES/NO	Date:	YES/NO	Date:	
Are you aware of any of the following sources of advertisement used by MIHE? Please tick ( ✓ )					
<b>Adverts:</b> Muslim News Ad <input type="checkbox"/> Islamic Foundation Newsletter <input type="checkbox"/> Others <input type="checkbox"/>	<b>Websites:</b> Muslim News Website <input type="checkbox"/> FOSIS website <input type="checkbox"/> Islamic Foundation website <input type="checkbox"/> MIHE website <input type="checkbox"/>		<b>Others:</b> Islamic Events <input type="checkbox"/> Others <input type="checkbox"/>	<b>Mailshots:</b> Mosques <input type="checkbox"/> Islamic Centres <input type="checkbox"/> Library <input type="checkbox"/> Others <input type="checkbox"/>	
Home Address			Email		
Post Code	Home Telephone		Mobile		
<p>Please indicate which course you are applying for (Please tick appropriate box)</p> <p>Certificate in Muslim Family Law with assessment and award <input type="checkbox"/></p> <p>Certificate in Muslim Family Law (Attendance only) <input type="checkbox"/></p> <p><i>Note: The course fee will depend upon the course you wish to study. Please contact the admin office for further details</i></p>					

**Please turn over**

Please help us monitor our Equal Opportunity Policy by completing this section. This data will only be used for statistical analysis.

I consider my ethnic origin to be (please tick appropriate box)

Bangladesh <input type="checkbox"/>	Black African <input type="checkbox"/>	Mixed White & Asian <input type="checkbox"/>
Indian <input type="checkbox"/>	White – British <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Other Mixed Background <input type="checkbox"/>	Any other White background <input type="checkbox"/>

The institute is committed to meeting the needs of people with learning difficulties and/or disabilities. Please let me know if you have an additional need arising from, for example hearing or visual impairment, a medical condition (such as epilepsy or ME), or if you have dyslexia or you are a wheel chair user.

I have a disability/learning difficulty and would like to be contacted.

*We will contact you **in confidence** to discuss possible support arrangements*

LEVEL OF ENTRY (please tick the appropriate box)

<input type="checkbox"/> Level 0	Word Power / Number Power	<input type="checkbox"/> None
<input type="checkbox"/> Level 1	GCSE D-G or less than 5 GCSE at A-C, BTEC/EDEXCEL 1 <sup>st</sup> Certificate, GNVQ Foundation, NVQ Level 1	
<input type="checkbox"/> Level 2	5 or more GCSE at grade A-C, 2 or 3 AS level or 1 A Level, BTEC/EDEXCEL 1 <sup>st</sup> Diploma, GNVQ Intermediate, NVQ Level 2	
<input type="checkbox"/> Level 3	4 or more As Level, 2 or more A level, BTEC/EDEXCEL Nat Cert/Dip, NVQ Level 3	
<input type="checkbox"/> Level 4	First Degree, BTEC/EDEXCEL HNC/HND Other Higher Cert or Diploma, NVQ Level 4 Teaching qualification including PGCE	
<input type="checkbox"/> Level 5	Higher Degree, DMS, MBA, NVQ Level 5, Other professional qualifications	

Others (please specify):

PLEASE PROVIDE PHOTOCOPIES OF THE CERTIFICATES CONFIRMING YOUR QUALIFICATIONS

**STUDENT DECLARATION:**

I agree to meet the requirements of the programme of study (eg entry requirements, finance, time and commitment to attend and study).

I certify that the information I have provided is correct

I will notify the Institute of any change in circumstances.

*I have enclosed a deposit of £100 payable to MIHE*

Student Signature:

Date:

The Markfield Institute of Higher Education (MIHE) Ratby Lane, Markfield,  
Leicestershire LE67 9SY

TEL: 0044 (0)1530 244922 Fax: 0044 (0)1530 243102

Email: [shortcourses@mihe.org.uk](mailto:shortcourses@mihe.org.uk)