

APPLICATION FORM: DIPLOMA IN ISLAMIC FINANCE: THEORY AND PRACTICE 2010

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 (✓)					
Adverts:	Websites:		Others:	Mailshots:	
Muslim News Ad <input type="checkbox"/>	Muslim News Website <input type="checkbox"/>		Islamic	Mosques <input type="checkbox"/>	
Islamic Foundation	FOSIS website <input type="checkbox"/>		Events <input type="checkbox"/>	Islamic Centres <input type="checkbox"/>	
Newsletter <input type="checkbox"/>	Islamic Foundation website <input type="checkbox"/>		Others <input type="checkbox"/>	Library <input type="checkbox"/>	
Others <input type="checkbox"/>	MIHE website <input type="checkbox"/>			Others <input type="checkbox"/>	
Home Address			Email		
Post Code	Home Telephone		Mobile		

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 st 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 st 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