



Ar-Rahman Academy – Al Azhar British Institute

Application / Registration form

Please print clearly in black ink and **BLOCK** letters

1. Personal

Title: Mr/Mrs/Miss/Ms/other	Date of Birth:	M	F
Name:	Surname:	Sex	
Correspondence Address:	Home Address (if different):		
City:	City:		
Country:	Country:		
Post Code:	Post Code:		
Home Telephone:	Mobile :		
Work Telephone:	Email::		

2. Course(s) applied for

(Details of the course (s) which you wish to apply for, in order of preference)

First Choice Of Course:	Year of entry	Second Choice Of Course:	Year of entry
Mode of study:	Level of Study:	Mode of study:	Level of Study:
Full time	Undergraduate	Full time	Undergraduate
Part Time	Postgraduate	Part Time	Postgraduate
Distance Learning	Certificate	Distance Learning	Certificate
Short Course	Diploma	Short Course	Diploma

3. Previous and present education

List details of all institutes attended.

Name and Address of institute	From (mm/yy)	To (mm/yy)

4. Academic Qualifications- Exams Achieved

Please list all qualifications taken, what ever the result, in chronological order.

Exam Date (mm/yy)	Awarding Body	Subject	Qualification	Results achieved



5. Academic Qualifications- Exams Pending

Complete this section **ONLY** if you are awaiting the result of any examination taken recently.

Exam Date (mm/yy)	Awarding Body	Subject	Qualification

6. Further information

Please provide any further information you would feel to support your application

(If the space is not adequate please continue on a separate sheet)

7. Declaration of Criminal Record

Do you have any criminal convictions?

(excluding minor motoring offences for which a penalty was a fine, etc)

If yes, please provide details

Yes () No ()

Details:



8. Disabilities/Special Needs

Please tick the appropriate box(es) and in the space at the bottom of this section indicate any additional support or facilities that you may need at the Academy. This information will initially be passed to the faculty Disabled students Co-ordinators who support applicants through the admissions process

No known disability	<input type="checkbox"/>	0	
Specific Learning difficulty (e.g. Dyslexia)	<input type="checkbox"/>	1	
Blind / Partially sighted	<input type="checkbox"/>	2	
Deaf / have a hearing impairment	<input type="checkbox"/>	3	
Wheelchair user / mobility difficulties	<input type="checkbox"/>	4	
Autistic Spectrum Disorder or Asperger Syndrome	<input type="checkbox"/>	5	
Mental health difficulties	<input type="checkbox"/>	6	
Unseen disability (e.g. diabetes/epilepsy/ asthma or a heart condition)	<input type="checkbox"/>	7	
Two or more of the above disabilities/special needs	<input type="checkbox"/>	8	
A disability not listed above	<input type="checkbox"/>	9	
I am in receipt of the Disabled Students' Allowance	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
I am applying for or intend to apply for Disabled Students' Allowance	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Please detail below any additional support or facilities you may need:

Declaration

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted.

Signed:	Date:
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Please return completed application forms to: Ar-Rahman Academy Ltd 77 Green field Road, London E1 1EJ

Office Use only: