



# REDHILL ISLAMIC CENTRE TRUST

JAMIA MASJID AL-MUSTAFA Est. 1975 Charity Number 1146489

## Madrasah Application Form

Please Complete All Section Fully and In Block Capitals. Field Marked with an Asterisk (\*) are Mandatory.

Passport Size  
Photo

### **Student Details:**

Title: Mr/Miss

First Names: .....

Surname: .....

Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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### **Address:**

House Name/Number: .....

Street: .....

Area: .....

Postcode: .....

### **Father/Male Guardian Details:**

Title: Mr/Dr/Other Please State

First Names: .....

Surname: .....

Occupation: .....

Home Tel: .....

Work/Other: .....

Mobile: .....

Email: .....

### **Address: If different to Student Addresss**

House Name/Number: .....

Street: .....

Area: .....

Postcode: .....

### **Mother/Female Guardian Details:**

Title: Mrs/Miss/Dr/Other Please State

First Names: .....

Surname: .....

Occupation: .....

Home Tel: .....

Work/Other: .....

Mobile: .....

Email: .....

### **Address: If different to Student Addresss**

House Name/Number: .....

Street: .....

Area: .....

Postcode: .....

### **Emergency Contact Details:** *Must be different to Parent/Guardian Details*

Title: Mr/Mrs/Miss/Dr/Other Please State

First Names: .....

Surname: .....

Relationship to Child: (e.g. uncle,Aunty).....

Occupation: .....

Home Tel: .....

Work/Other: .....

Mobile: .....

Email: .....

### **Address: If different to Student Addresss**

House Name/Number: .....

Street: .....

Area: .....

Postcode: .....

**Doctor Details:**

Doctor's Name: Dr..... Practice Name: .....

**Address:**

Building Name/Number: .....

Street: ..... Area: .....

Postcode: ..... Telephone: .....

**Medical or Special Needs:** *Please Tick as Appropriate*Does the Child have any Medical Needs? YES ☐ NO ☐ *If Yes, please give details:*

.....

Does the Child have any special arrangements at school? YES ☐ NO ☐ *If Yes, please give details:*

.....

**Previous Islamic Education to Date:**Has the Child studied elsewhere before? Yes ☐ No ☐ *If Yes Please give details:*

Name of Madrasah: 1)..... Postcode:.....

Name of Madrasah: 2)..... Postcode:.....

Qaidah: Partial ☐ Completed ☐Qur'aan (Reading): Partial ☐ Completed ☐Qur'aan (Memorising): Partial ☐ Completed ☐

Other Text Books Studied e.g. Fiqh, Please state: 1).....

2)..... 3).....

4)..... 5).....

**Disclosures:**

I/We agree to permit the use of contact information provided for Madrasah and Masjid related activities such as Da'wah, organised events and scheduled classes open to community members.

*If you do not wish the information provided to be used as mentioned above, please tick here:* ☐**Declaration**

I/We have read, understand and agree to abide by the terms and conditions stated in the Madrasah Rules and Regulations.

I/We confirm that all information provided on this form is true and accurate.

I/We understand that the Madrasah Rules and Regulations may undergo reasonable changes from time to time as circumstances require.

I/We understand that the Madrasah will store information provided about us and our child including sensitive medical data which is appropriate for the smooth functioning of the Madrasah and for the safeguarding of our child.

Signed:..... Parent/Guardian Date:

D	D	M	M	Y	Y	Y	Y
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**For Office Use Only**

Date Application Received:

Date Student Admitted:

Name/Signature:

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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# STANDING ORDER FORM



Charity Reg. No. 1146489

Tel 01737 760251

Donations Line 07828783600

STDO 72/786

Please complete the form using Block Capitals, print then sign, check and post to:

Redhill Islamic Centre Trust, 30 Earlswood Rd, Earlswood, Redhill RH1 6HW UK

You may wish to print an extra copy for your own personal records

## Contact Details

Title	Forename	Surname
House No/Name	Street Name	
Town/City	Post Code	
Telephone/Mobile	Email	

INDIVIDUAL REFERENCE NUMBER. FOR BANK USE
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Please specify the amount of your total donation/Fees you wish to donate:

Project	Country	Sadaqah	Zakah	Student Fees	Total
*Most Needy	*Most Needy	£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
*Allows Redhill Islamic Centre Trust to distribute the most needed country/project at the time					Grand Total
					£

## Bank Account Details

### Beneficiary Details:

Lloyds Bank PLC

120-124 High Street, Redhill, Surrey, RH4 1BB

Jamia Masjid Al Mustafa Trust | Sort code: 30-92-70 | A/C Number: 0 2 0 4 3 8 2 8

Sort Code

Account Number

Bank Name

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(Please tick ONE box)

Weekly ☐ Monthly ☐ Annually ☐

Amount of my regular payment: £

Amount in words:

Start My Standing Order dd/mm/yyyy

For How Long

dd/mm/yyyy

\* Start Date

Until Further Notice ☐

Or End Date

Signed

Print Name

Date

dd/mm/yyyy

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Please gift aid all qualifying donations made to Jamia Masjid Al Mustafa Trust. Reg Ch. No. 1146489. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given in the last 4 years. I agree to Gift Aid being used for funding the administration of the charity as well as charitable projects. I may cancel this Gift Aid retrospectively within 30 days.

Signed

Date

STAFF USE

\* Start date should be at least four weeks from the date you post the form to us.

DATA PROTECTION ACT 1998

The information provided by you will be kept strictly confidential. Redhill Islamic Centre Trust will only use this data in connection with its charitable purposes.