

## The Markfield Institute of Higher Education

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E-mail: info@mihe.org.uk Web site: www.mihe.org.uk

## CERTIFICATE IN ISLAMIC COUNSELLING APPLICATION FORM

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YEAR:				
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PLEASE USE BLOCK CAPITALS *	Delete as appropriat	e		
1. PERSONAL DETAILS:				
	SURNAME (FAN	MILY NAME):		
	FORENAMES:			
	Telephone/Fax no	0.:		
	E-mail address: .			
	Date of birth (dd	l-mm-yy):		
	*Disabilities / spe	ecial needs: please advis	se of any conditions	vou suffer from
	•	1	•	•
				•••••
	Course Type: (plea			
		Certificate 0		
		Module 0		
	Please specify wh	ich module		
2. QUALIFICATIONS:				
	CLONI			
A) SECONDARY EDUCAT				
	•	opies of certificates and	•	
	Please give detail	s of qualifications obtai	ned:	
	Qualification	<b>Examining Body</b>	Subject(s)	Exam Date
				(month/year)
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	Please give details of universities / colleges attended(including degrees		
	obtained / courses followed, or which are still in progress):		
	University / College:		
	From: To:		
	Course / Degree:		
	Result / Overall Grade:		
C) EMPLOYATENE DECOR	D		
C) EMPLOYMENT RECOR			
	Please give details of any recent employment / work experience:		
	Employer:		
	Address:		
	Nature of work:		
	From: To:		
3. PERSONAL STATEMENT:			
	Please state your reasons for applying for this course and indicate what		
	experience you have in community work and / or in dealing with people (use		
	additional sheet if necessary):		
4. LANGUAGES:			
	Please state your first language:		
	If your first language is not English, please state what English language		
	examination you have passed:		

B) HIGHER EDUCATION:

	PLEASE GIVE DETAILS OF SOMEONE WHO CAN BE CONTACTEDIN CASE OF AN EMERGENCY: Name: Address: Telephone/Mobile/Fax no.: E-mail address:
	E-man address:
6. DECLARATION:	I confirm that the information supplied by me on this form is correct.  I also agree that, should I be admitted to the Markfield Institute of Higher Education, I will adhere to the Regulations of the MIHE.
	Signature:
What to include with this form:	
	• Proof of proficiency in English language if you have been educated in another language.
	• Photocopy of Certificates confirming your qualifications.
	• Completed and sealed reference form
	• Deposit £100 (refundable if unsuccessful)
	The completed application form should be returned to the Short Course Administrator, MIHE, Ratby Lane, Markfield, Leics. LE67 9SY
OFFICE USE ONLY:	
Date of Receipt:	
Interview:Accept / Reject:	
Payment of fees:	

5. NEXT OF KIN: