

The Markfield Institute of Higher Education Ratby Lane, Markfield, Leicestershire, LE67 9SY, UK.

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CERTIFICATE IN TRAINING OF MUSLIM CHAPLAINCY <u>APPLICATION FORM</u>

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PLEASE USE BLOCK CAPITALS *E	Delete what is not app	licable		
1. PERSONAL DETAILS:				
	SURNAME (FAMI	LY NAME):		
	FORENAMES:			
	ADDRESS:			
	CITY:			• • • • • • • • • • • • • • • • • • • •
	POSTCODE:	*MA	LE / *FEMALE	
	Telephone/Fax n	10.:		
	E-mail address: .			
	Date of birth (do	l-mm-yy):		
	*Disabilities / spe	ecial needs: please adv	vise of any conditio	ns you suffer from
		•••••		•••••
2. COURSE DETAILS:				
Z. COORSE DE MIES.	Area of chaplain	cy you are interested i	n:	
	*Prisons / *Hospitals and Healthcare / *Education			
	-	ng the course fees?		•••••
3. QUALIFICATIONS:				
A) SECONDARY EDUCATION				
	(Please provide o	copies of certificates ar	nd transcripts)	
	Please give details of qualifications obtained:			
	Qualification	Examining Body	Subject(s)	Exam Date
				(month/year)
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	examination you have passed:
	Please state your first language:
5. LANGUAGES:	
	additional sheet if necessary):
	experience you have in community work and / or in dealing with people (use
4. PERSONAL STATEMENT:	Please state your reasons for applying for this course and indicatewhat
	From:To:
	Nature of work:
	Address:
	Employer:
	Please give details of any recent employment / work experience:
C) EMPLOYMENT RECORD:	
	Result / Overall Grade:
	Course / Degree:
	From: To:
	University / College:
	obtained / courses followed, or which are still in progress):
	Please give details of universities / colleges attended(including degrees
B) HIGHER EDUCATION:	

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6. NEXT OF KIN:	PLEASE GIVE DETAILS OF SOMEONE WHO CAN BE CONTACTEDIN CASE OF AN EMERGENCY: Name: Address: Telephone/Mobile/Fax no.: E-mail address:
7. 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 payable to MIHE (refundable if unsuccessful) The completed application form should be returned to: Short course Administrator, MIHE, Ratby Lane, Markfield, Leicestershire. LE67 9SY, UK
OFFICE USE ONLY: Date of Receipt:	
Interview:Accept / Reject:	
Payment of fees:	