



AI Mustapha Institute

UNDERSTANDING ISLAM Enrolment Application Form

39 Bushmills Court,
Hillcrest Qld 4118

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www.almustapha.org.au

PART A Personal Details

Surname: _____

First Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____

Position: _____

Contact No: _____

Mobile: _____

Email: _____

PART B Employer Details

Name: _____

Address: _____

Contact No: _____

Email: _____

PART C Workshop Details

Date of workshop: _____

How did you hear about this workshop? (Online, Word of Mouth, Flyer, Other) _____

How often do you interact with Muslim people? Daily Weekly Monthly Occasionally

Workshop fee will be paid by: Myself Employer

PART D Medical Information

<i>Details</i>	<i>Yes / No</i>	<i>If Yes, Give Details</i>
Do you have any special needs?		
Do you suffer from any physical or mental disability?		
Do you suffer from any allergies?		
Are there any other medical conditions or concerns to be advised?		

PART D

Name: _____ Signature: _____ Date: _____