



# Al Mustapha Institute

39 Bushmills Court, Hillcrest Qld 4118  
www.almustapha.org.au  
info@almustapha.org.au

## ENROLMENT APPLICATION FORM

### PART A Course Application

I wish to enroll in the following course:

Intermediate Islamic Studies

Briefly outline your reason for wanting to participate in this course and what you hope to achieve upon completion.

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### PART B Personal Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Visa Type (if applicable): \_\_\_\_\_ Expiry Date (if applicable): \_\_\_\_\_

**PART C**  
**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 take any regular medication?		
Do you suffer from any allergies?		
Have you ever suffered from any of the following? Diabetes            Emphysema Heart Disease    Hypertension Stroke             Epilepsy Asthma Sight or Hearing Difficulties		
Are there any other medical conditions or concerns to be advised?		

**PART D**  
**Declaration**

I hereby declare that the information provided on this application is accurate and am aware that should the information be found to be inaccurate my application may be refused.

Upon signing this application I agree to abide by all of the governing rules of Al-Mustapha Institute of Brisbane as outlined in the Student Handbook and the Policy and Procedures Handbook.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Information impacting on the review of the application

\_\_\_\_\_

Application has been accepted or declined: \_\_\_\_\_

Date notification letter sent to applicant: \_\_\_\_\_

If accepted was an invoice and timetable included with the letter? \_\_\_\_\_

Student Number Allocation: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_