



Hawza Study Programme

Application Form

Please indicate which course you are applying for:

1. Muslim Ministry Programme [5 years F/T]
(BA + MA + Hawza)
2. Diploma in Muslim Chaplaincy [2 years P/T]
3. Diploma in Shia Studies [2 years P/T]
4. Individual Hawza Modules

133 High Road, Willesden
London NW10 2SW
Tel: +44(0) 20 8451 9993 EXT. 220
Fax: +44 (0) 20 8451 9994
Email: info@hawza.org.uk

Please read these notes before completing the form.

- Please complete this form using BLOCK CAPITALS and in BLACK INK.
- Please do not hesitate to call or bring the form to the institute if you require assistance in completing it.
- Enclose one passport size photographs (sisters should be dressed in hijab)

For **Full Time**:

- Please enclose copies of your original result statements/ transcripts/ certificates.
- Enclose copies of identity documents/ passport.
- Enclose two reference letters

For **Part Time**:

- Enclose copies of identity documents/ passport.

Please return the completed form to:

Hawza Study Programme
133 High Road, Willesden, London NW10 2SW

1. Personal details:

Title: Mr Miss Mrs Other Surname:
First name(s):
Father's name:

Gender: Male Female Date of Birth: day month year

Place of Birth: Present Citizenship:
Previous Citizenship: Religion/ Faith:
Ethnic Origin: Occupational Background:
Disability/Special needs:
Passport No: Place of issue:
Date of issue: Date of Expiry:
Marital Status: No. of Children:

Address: (UK)
Post Code:
Evening tel.: Daytime tel.:
Mobile No.: E-mail:
Home Address:
(if different)
Post Code: Mobile:
Tel:
Email:

2. Emergency Contact details:

Title: Mr / Miss/ Mrs / Other Full Name:
Relation:
Contact Number(s):
Email:

3. a) Qualifications completed or certificated: *(Please list all colleges/ universities you have attended. Please feel free to continue on a separate sheet if necessary)*

Date	Name and Address of Institution / School	Subject	From		To		Qualification	Grade/ Result	Examining Body
			M	Y	M	Y			
e.g. 6/2000	The Islamic College, 133 High Rd. London NW10 2SW								

3. b) Qualifications not yet completed or certificated:

(Please continue on a separate sheet if necessary)

Date	Name and Address of Institution / School	Subject	Qualification	Predicted Grade/ Result	Examining Body

3. c) Understanding of Languages:

Language	Level Of Understanding								
	Speaking			Reading			Writing		
	Very Good	Good	Poor	Very Good	Good	Poor	Very Good	Good	Poor
English:									
Arabic									
Persian									
Other (please state):									

4. Islamic Studies:

a) Have you taken any Islamic Studies Courses before? *(if yes, please give the details below)*

Date	Name and Address of Institution/ School	Subjects	From		To		Qualification	Grade/ Result
			M	Y	M	Y		

b) Have you read any Islamic Literature? *(If yes, please list the titles)*

Book/ Article/ Journal	Author

5. Referees:

(please provide details of two referees whom we can contact to obtain an academic reference.)

a) Name of Referee:

In what capacity have you known the referee? Teacher / Employer / Doctor / Other (please state):

Occupation: (please Specify)

Address:

Post Code:

Telephone:

Fax:

E-mail:

b) Name of Referee:

In what capacity have you known the referee? Teacher / Employer / Doctor / Other (please state):

Occupation: (please Specify)

Address:

Post Code:

Telephone:

Fax:

E-mail:

6. How did you hear about Hawza Study Programme?

Website Newspaper Friend Other (please specify)

7. Details of employment to date Name and Address of Employer:	Nature of Work:	From:		To:		PT / FT	Paid/ Unpaid
		M	Y	M	Y		

8. Personal Statement:

(In the space below please give a statement explaining why you are interested in joining the Hawza programme. Please feel free to continue on a separate sheet if necessary.)

9. Declaration: I certify that all information provided in this form is true to the best of my knowledge. I have read and understood the Hawza Regulations enclosed with this application form and I agree to abide by all the regulations stipulated therein. I accept that, if I do not fully comply with these requirements, Hawza shall have the right to cancel my application and I shall have no claim against Hawza.

Applicant's Signature: Date:

10. Applicants Checklist:

In the interests of speedy processing of your application please ensure that you have provided all the information requested in the form and that you are enclosing the following with your application.

Referee Details: <input type="checkbox"/>	Photographs: <input type="checkbox"/>
Copies of Certificates: <input type="checkbox"/>	Copies of ID documents/ Passport: <input type="checkbox"/>

11. For official use only:

Date of Receiving:			Date of Interview	Registrar	
Date of Acceptance:				Signature:	Date:

Kindly return the completed form to:

Hawza Study Programme, 133 High Road, Willesden, London NW10 2SW