

## Application Form

### Personal Details

Mr  Mrs  Miss  Ms

**Surname**

**First Name(S)**

**D.OB**    **Gender** **Male**  **Female**

**Address**

**Post Code**  **Tel**

**Mobile**  **Emai**   
**I**

**What course do you want to study?**

Would you describe yourself as having a learning difficulty?  Yes  No

Would you describe yourself as having a disability?  Yes  No

### Emergency Contact

**Name**   
**Tel**  **Relationship**

I have read the course details and I agree to it. I understand that the fees are non-refundable.

**Signature:** ..... **Date:** .....

Please complete the form and send it back to us at the address given below or alternatively hand it in at reception:

The Muath Trust  
The Bordesley Centre, Stratford Road  
Camp Hill  
Birmingham  
B11 1AR

Tel: 0121 753 0297  
Fax: 0121 766 6853  
Email: [education@muathtrust.org](mailto:education@muathtrust.org)  
Website: [www.muathtrust.org](http://www.muathtrust.org)