



**Application Form for United-Kingdom Participants**

**Short Vacation Course in Islamic Republic of Iran  
Organised by Al-Asr London UK  
0208 572 8960 / 07785 220 960**

**For Office Use Only**  
Reference: M/F  
.....  
Application Received  
.....  
Paid cash/cheq/draft  
£.....

**Affix  
passport-sized  
photograph  
here**

Note: Please write in capital letters & name should be as it is in the passport.

**Personal Details**

Title   
 First Name   
 Middle Name   
 Last Name   
 Fathers Name   
 Nationality   
 Date of Birth (DD/MM/YYYY)   
 Gender  Male  Female

**Passport Information**

Passport Number   
 Place of Issue   
 Date of Issue   
 Expiry Date

**Additional Details**

Height  feet/meters  
 Marital Status  Single  
 Married  
 Other .....  
 Education  School  
 College  
 University  
 Post Graduate  
 Other .....  
 Work Status  Student  
 Employed  
 Self Employed  
 Unemployed  
 Other .....

**Address**

Street Address   
  
 City   
 State/County   
 Zip/Postal Code   
 Country

**Contact Information**

Home Phone   
 Mobile Phone   
 E-mail

Occupation

Medical Conditions

I hereby apply for the admission of Short Vacation Course and also agree to abide with the following:

- I shall attend the course in full. I will take part in all classes, outings and I will only leave with permission or in emergency, should such circumstances arise. I will follow the Course Leader's/Supervisors' instructions throughout the course.
- I shall use the facilities provided to me, such as boarding, lodging, transportation etc.
- I have obtained permission from my parent/guardian/relative and I have taken written consent and have obtained the reference below.
- I shall pay GB £1650 Cheque, bankers draft or postal order payable to "Al-Asr London UK" or Credit Al-Asr's A/c No.77153367 NatWest Bank, Branch Sort Code 60-11-18, Hounslow Middlesex UK
- I will make firm arrangements to reach and to be collected from Heathrow Airport.
- I will arrive in London as arranged between Al-Asr and the applicant and reach the Iran Air Desk at Heathrow Airport, Terminal 3 Departures, at 1:00pm on Sunday 11<sup>th</sup> July to join the Al-Asr group.
- I understand that Al-Asr London UK is responsible for the trip from 1:00 pm Sunday 11<sup>th</sup> July starting at the Iran Air desk in Heathrow Airport, Terminal 3 Departures until the group returns on Tuesday 10<sup>th</sup> August 2010 at Heathrow Airport, Terminal 3 Arrivals at 12:00pm. Any arrangement before and after the arranged dates is my own responsibility. (Al-Asr can provide services on request, before & after the course for minimal charges).
- I will arrange my own insurance (if I need or wish for it).
- If I have a complaint whilst on SVC I will bring it to the attention of the Course Leader. I will not spread it around. If it cannot be settled amicably first by the management, then it will be referred to mutually agreed Muslim arbitration. Such matters will be kept confidential.
- In the event when schedules change (regrettable beyond Al-Asr's control), I will continue to co-operate and support the management.
- I will notify Al-Asr of any disability, illness or medical condition and will make arrangements for its treatment.
- I will obey the laws and regulations of the Islamic Republic of Iran.
- I will wear uniform starting from the first day at the airport and as directed by Al-Asr - white full-sleeve shirt and black/dark blue trousers for brothers and black/dark blue mantu (ankle length light material overcoat), head scarf and dark socks for sisters. For further information, contact Al-Asr.

Signature.....Date.....

**Consent by Parent/Guardian/Relative**

I.....have read and understood the brochure for the Short Vacation Course, and to the best of my knowledge, hereby certify that the details provided by my son/daughter ..... in this application form for the course are true. I fully understand that every effort will be made by Al-Asr for the applicant's well being and his/her successful completion of the course. I give my consent for him/her to participate in the course.

Signature.....Date.....

**Reference for All Participants/Students  
from Local Resident Alim or Any Other Prominent Community Worker**

Full Name  Occupation   
 Address   
 Telephone  Mobile  Zip/Post code   
 Comments  Email

Signature.....Date.....