



مَجْلِسُ الأئمة كوينزلاند  
COUNCIL OF IMAMS QUEENSLAND  
P.O. BOX 2378 RUNCORN QLD 4113 MOBILE 0415710613

ABN 7694059789

**(COUNCIL OF IMAMS QUEENSLAND.)**

**REGISTRATION FORMS  
FOR VOLUNTEERS TEACHERS  
TEACHING ISLAMIC STUDIES IN RELIGIOUS EDUCATION PROGRAM**

**PERSONAL DETAILS**

FIRST NAME		SECOND/SURNAME	
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DATE OF BIRTH	__/__/____	PLACE OF BIRTH CITY AND COUNTRY	
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RESIDENTIAL ADDRESS	POSTAL ADDRESS
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TEL HOME		FAX		EMAIL
TEL WORK		MOBILE		

OCCUPATION		RESIDENTIAL STATUS	CITIZEN	
			PERMANENT RESIDENCE	
			TEMPORARY RESIDENCE	

AFFILIATED MOSQUE ATTEND	NAME	
	ADDRESS	

EDUCATIONAL BACKGROUND AND EXPERIENCE IN ISLAMIC STUDIES:



**I HEREBY ACCEPT TO TEACH ISLAAM AS A VOLUNTEER TEACHER IN THE SCHOOLS UNDER THE GUIDE LINE OF COUNCIL OF IMAMS QUEENSLAND**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_/\_\_/\_\_\_\_

**OFFICIAL USE ONLY**

**THE ABOVE MENTIONED APPLICANT HAS BEEN: ACCEPTED/ UNACCEPTED**

**PRESIDENT'S NAME** \_\_\_\_\_ **SECRETARY'S NAME** \_\_\_\_\_

**PRESIDENT'S SIGNATURE** \_\_\_\_\_ **SECRETARY'S SIGNATURE** \_\_\_\_\_