



**ILM2AMAL™**  
KNOWLEDGE TO ACTION

## Expression of Interest Form

Please complete this form as part of your institute's application for the IIm2Amal Character Development Syllabus.

### Applicant Details

#### Institute

Name of Institute:

Institute Type:

Institute Size:

Full Address:

Contact Details:

#### Head Teacher

Name of Head Teacher:

Email Address:

Mobile/Phone Number:

### Your Institute's Capacity to Deliver the IIm2Amal Syllabus

When do you anticipate delivering IIm2Amal? *Please Tick As Appropriate*

**i** IIm2Amal can work either midweek or weekend but it needs to be a part of your core service.

<input type="checkbox"/>	Midweek Daytime	<input type="checkbox"/>	Midweek Evening	<input type="checkbox"/>	Weekend
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Please indicate if you are able to dedicate at least 1 hour per week to IIm2Amal in your core syllabus.

**i** This is the minimum requirement for IIm2Amal to be effective.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If no, how much time in your curriculum can you give to IIm2Amal?

### Your Core Syllabus for Islamic Studies

Please tick from the list below, the name/s of the Islamic Studies curricula currently being utilised in your institute.

Name of Publication	Please Tick As Appropriate
Safar Publications	<input type="checkbox"/>
An Naseeha Publications	<input type="checkbox"/>
Tasheel Series	<input type="checkbox"/>
International Curricula Organisation	<input type="checkbox"/>
Qamar Curriculum	<input type="checkbox"/>
Your Own	<input type="checkbox"/>
Other <i>(Please Specify)</i>	<input type="checkbox"/>

## Your Teachers' Backgrounds

Please state the number of classes and students who will be engaging with Ilm2Amal in your institute.

Please state the number of teachers delivering Ilm2Amal in your institute and their level of professional training and qualification.

	Number of Classes	Number of Students	Number of Teachers	Qualified (PGCE)	Other Training	No Professional Qualification
<b>Primary Education</b>						
Year 3 (Age 7-8)						
Year 4 (Age 8-9)						
Year 5 (Age 9-10)						
Year 6 (Age 10-11)						
<b>Secondary Education</b>						
Year 7 (Age 11-12)						
Year 8 (Age 12-13)						
Year 9 (Age 13-14)						
Year 10 (Age 14-15)						
Year 11 (Age 15-16)						

Please submit your application form to [info@ilm2amal.org](mailto:info@ilm2amal.org).

### What Happens Next?

Our assessors will review and process your application as quickly as possible.

It is our policy to communicate feedback and recommendations on your application within 14 working days from the date of receipt.

Thank you for choosing to partner with Ilm2Amal.

### Ilm2Amal Support Team