

**Bilal Islamic Assembly of Calgary
Student & Trainer Registration Form**

Please complete this form to ensure we maintain accurate records of our students and trainers. The information collected will be kept confidential and may be used for program improvement and reporting to funding agencies. Your participation is voluntary.

1. Personal Information

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Age Group (check one): Child (under 12) Youth (13-17) Adult (18-59) Senior (60+)

Gender (optional): _____

Phone Number: _____

Email Address: _____

2. Demographic Information (Optional)

Immigration Status (check one): Canadian Citizen Permanent Resident Refugee Other: _____

Primary Language(s) Spoken: _____

Cultural/Ethnic Background (optional): _____

3. Program Information

Program(s) Attending or Training: _____

Start Date: _____ End Date: _____

Role: Student Trainer

Please describe what skills or training you hope to gain or provide:

4. Feedback & Outcomes

How did you hear about this program? _____

What do you hope to achieve? _____

5. Consent & Privacy

By signing below, I consent to the collection of my personal information for program registration, administration, and reporting to funding agencies. I understand that my information will remain confidential.

I consent to my photos/videos being used for reports, promotional materials, or social media related to the Assembly's programs.

Signature: _____ Date: _____