

**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:

\_\_\_\_\_

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#### **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: \_\_\_\_\_