



# Islamic Association Western Suburbs Sydney

A CHARITABLE ORGANISATION

www.rootyhillmasjid.com.au  
www.iawss.com.au

Registered charity CC 25938  
Registered No: Y1419333

## AITAKAF APPLICATION FORM

Personal Information	First Name		Last Name	
	Address			
	Phone Number		Mobile Number	
Medical Information	Clinic Name		Doctors Name	
	Address			
	Phone Number		Mobile Number	
	e.g. asthmatic, diabetic, heart condition etc. Please list			
	1	2	3	4
	5	6	7	8
	9	10	11	12
all the information provided will be kept confidential and will only be released to authorised persons.				
Comments:				
Emergency Contact	First Name		Last Name	
	Address			
	Phone Number		Mobile Number	
	Relationship			
Miscellaneous	Food Arrangements	<b>Sahoor and Dinner</b> food arrangements will be your own responsibility.		
	Comments			
	No Parking at site (Masjid)	I agree to the condition that I will not park my vehicle in masjid's parking	Date _____	Sign _____



For more information, please Contact at 02 9675 6246

## Terms & Conditions

- 1 Minimum age for applicants is 18.
- 2 No visitors allowed in the Itikaf area.
- 3 No groups meetings or private study circles allowed.
- 4 Un-Islamic or abusive behaviour will not be tolerated.
- 5 Front rows in the prayer hall cannot be reserved. (Because of the complaints).
- 6 You must adhere to a cleaning routine instruction provided by IAWSS's management (Masjid).
- 7 You will be responsible for your belongings.
- 8 The Association (IAWSS Management) will not be responsible for anything lost, stolen or damaged.
- 9 The Association reserves the right to remove any individual(s) without notice if he is deemed to have broken any of the above rules.
- 10 This form must be returned with one photo ID (copy of passport or driving license).
- 11 Completed forms must be returned to IAWSS's office (Masjid) as early as possible to reserver your seat.
- 12 Itikaf spaces will be allocated on first come first serve basis.
- 13 Onsite parking will not be available for Brothers on Itikaf (mutafakeen) due to large number of Musalleen.
- 14 **Aitikaf Duration will be completed as soon as IAWSS declares Eid.**
- 15 **Must provide Evidence of COVID-19 vaccination, Failure to do so, application shall not be considered**

	1 Photo ID attached	Yes- No
<b>Document Check List</b>	Are you a new revert Muslim	Yes- No

**Declaration:**

I declare that the information above is true and I agree with the rules and regulations stated above.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

For more information, Please Contact: **0402 079 488** or email at [info@rootyhillmasjid.com.au](mailto:info@rootyhillmasjid.com.au)

**Note: incomplete forms / without photo ID shall not be considered.**