



# SAKINAH Project Application Form

## Personal Details

Name ----- Date of Birth -----

Address ----- Occupation -----

Gender ----- Phone No. & E-mail Add. -----

Religion ----- Nationality -----

State of Origin ----- International Passport No -----

Marital Status ----- Number of Children -----

Name of Employer ----- HMO Number -----

Next of Kin ----- Relationship with N/Kin -----

Address and Phone Number of N/Kin -----

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## Medical Details:

Nature of ailment -----

List of attached support documents:

1. -----

2. -----

3. -----

Duration of the ailment-----

Short description of the ailment -----

-----  
Name of Hospital/Doctor -----

Hospital/Doctor Address & Phone Numbers -----  
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Name & contact information of the hospital where further treatment is required  
(Address, phone number and e-mail) -----  
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## **Financial Details:**

Estimated cost of the treatment -----

Duration of the Treatment -----

How much of the cost do you personally have towards the treatment -----?

How much money have you raised from other sources -----?

Are you currently in receipt of any financial assistance from any organization (or engaged in discussion for such assistance)

Yes -----

No -----

If yes state details-----  
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## **MPAC Involvement:**

What level of involvement do you require from MPAC?  
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Applicant's/Next of Kin's Signature

-----  
Date

**Note:** By signing this form, you declare:

- Your consent for MPAC to;
  - Use your details for the purpose of campaigning and fund raising in case your application is successful;
  - communicate directly with your doctor/hospital in respect to your medical condition;
- That **all** information furnished to MPAC for the purpose of assessing your application are genuine and accurate to the best of your knowledge. **Any** willful omission of vital information will irrevocably invalidate the application and assistance approved.

**Submission: Completed application form with support documentation may be sent to:**

**Postal Address:**

Sekhina Project  
Muslim Public Affairs Centre  
21 Salvation Road  
Opebi, Lagos.

**Scanned copies should be sent to:**

**E-mail:** [sakinah@mpac-ng.org](mailto:sakinah@mpac-ng.org); [info@mpac-ng.org](mailto:info@mpac-ng.org)

Completed application form **MUST** not be submitted at the MPAC office by hand

<b>Official Use:</b>	
Application received on -----	By -----
Approved for initial meeting -----	Date of meeting -----

Application approved ----- Date -----

Not approved ----- Reason for disapproval -----

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Date result communicated to applicant ----- Serial No -----

Comments-----

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Signed -----

Date -----