

EMPLOYER ACKNOWLEDGEMENT & CONSENT FORM

This form is to be completed and signed by the employer/trustee of the Imam or Muallimah applying to join the Imam Development Program.

Masjid / Centre Details:

Name of Centre / Masjid: _____

Name of Employer / Trustee: _____

Position (e.g. Trustee, Chairperson, Director): _____

Contact Number: _____

Physical Address: _____

Applicant Details:

Full Name (Imam / Muallimah): _____

Contact Number: _____

Physical Address: _____

Agreement:

As the employer or trustee responsible for the applicant listed above, I hereby confirm the following:

- ☐ I am aware that the applicant has applied to join the Imam Development Program (IDP).
- ☐ I understand that participation in the IDP includes access to educational resources, training, monthly support, and community upliftment initiatives.
- ☐ I give permission for the applicant to participate in all IDP-related activities.
- ☐ I allow the use of the Masjid/Centre for community outreach (e.g., Food distribution, Qurbani meat distribution, Zakat projects), where appropriate.

☐ I understand that the Imam/Muallimah may be required to attend online or in-person meetings, training sessions, workshops, or site visits as part of the program, and I will support this commitment where possible.

☐ I understand that this agreement does not affect our existing employment arrangement.

Signatures:

Employer Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Witness Full Name: _____

Witness Signature: _____

Date: _____

Official
Masjid/Centre
Stamp