

Ethnic Minority Achievement Service

**Mother Tongue & Supplementary School Commissioning
Application Form
Academic Year 2010-2011**

Closing date: 25th June 2010

A. Contact Information:

Organisation Name:

Date of first establishment:

A1. Contact Name:

Surname:

Forename:

A2. Address:

Post Code:

A3. Position within the organisation

A4. Date of appointment to this position

A5. Organisation Address: (if different from A2)

Post Code:

Tel:

Fax:

Mobile:

e-mail:

A6. Legal status of your organisation:

Is your organisation legally constituted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your organisation a registered company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your organisation a registered charity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your organisation have it's own bank account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have annual statement of accounts or audited accounts. If no, please provide the reason.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

A7. Aims & Objectives of your organisation

Please summarise the aims and objectives of your organisation (*this should be identical with what stated in the organisation's constitution.*)

A8. Organisation structure:

Number of paid staff:	1- Full time	2- Part time
Number of volunteers: <i>(Excluding MC members)</i>	1- Full time	2- Part time

B. About your Management Committee:

B1. How many people are involved in your Management Committee?

B2. Male: Female Disabled From BME

B3. Please provide the name and contact number of your MC Members

Name:	Name:
Position:	Position:
Contact number:	Contact number:
Date of appointment:	Date of appointment:
Name:	Name:
Position:	Position:
Contact number:	Contact number:
Date of appointment:	Date of appointment:
Name:	Name:
Position:	Position:
Contact number:	Contact number:
Date of appointment:	Date of appointment:
Name:	Name:
Position:	Position:
Contact number:	Contact number:
Date of appointment:	Date of appointment:

C. Project details

C1. Project Title:

C2. Location of Provision:

C3. Start & end date of the Project:

From	Mm/yyyy	To	Mm/yyyy
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C4. Nature of the Project:

Mother Tongue Class Supplementary School Homework Class Other *if other please give details*

C5. Subjects taught:

Mother Tongue English Mathematics Science Music Dance Drama History

Other *if other please give details*

C6. Frequency & Duration

Hours per day:	Days per week:	Weeks per year:
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D. Beneficiaries

D1. How many children will be involved?

D2. Age range:

D3. Number of children from Islington:

D4. How do you recruit them?

D5. Ethnic background of your beneficiaries:

L. Applicant's details

Name:

Address:

Postcode:

Telephone:

Mobile:

E-mail address:

Position in the organisation:

Date of first appointment in the organisation:

You do not need to enclose any supportive document at this stage.

Completed application must be e-mailed or posted to:

**Abed Moftizadeh at:
Room G11, Block C, Barnsbury Centre,
Offord Road London N1 1QG
Tel: 020 7527 8687**

abed.moftizadeh.camb-ed@islington.gov.uk

This section should be completed by a Senior Member of your organisation, other than the applicant. (*Chair, Secretary or Treasurer*)

Full name:

Date of birth:

Occupation:

Home Address:

Postcode:

Daytime telephone number:

Evening time telephone number:

Mobile number:

e-mail address:

Position within the organisation:

Chair Secretary Treasurer Other *if other please give details*

- I certify that the information given on this application is complete and correct to the best of my knowledge.
- I am aware that the provision of false information on this application and/or during the project life can result in withdrawal of the grant and other punishment according to the law

Signed: (Applicant)

Name (capitals):

Signature,

Date