

Ethnic Minority Achievement Service

**Mother Tongue & Supplementary School Commissioning
Application Form
2011-2012**

Closing date: 21st February 2011

A. Contact Information:

<p>Organisation Name:</p> <p>Date of establishment:</p>

A1. Contact Name:

<p>Surname:</p> <p>Forename:</p>

A2. Address:

<p>Post Code:</p>

A3. POSITION WITHIN THE ORGANISATION

A4. DATE OF APPOINTMENT TO THIS POSITION

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A5. Address of organisation: (if different from A2)

<p>Post Code:</p>	<p>Tel:</p> <p>Fax:</p> <p>Mobile:</p> <p>e-mail:</p>
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A6. Legal status of your organisation:

Cambridge Education @ Islington is working in partnership with Islington Council in the provision of education services
Cambridge Education @ Islington is a division of Cambridge Education which is a member of the Mott MacDonald Group.
For more information visit www.islingtonschools.net



	Yes	No
IS YOUR ORGANISATION LEGALLY CONSTITUTED?	<input type="checkbox"/>	<input type="checkbox"/>
IS YOUR ORGANISATION A REGISTERED COMPANY?	<input type="checkbox"/>	<input type="checkbox"/>
IS YOUR ORGANISATION A REGISTERED CHARITY?	<input type="checkbox"/>	<input type="checkbox"/>
DOES YOUR ORGANISATION HAVE ITS OWN BANK ACCOUNT?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have annual statement of accounts or audited accounts? If not, please provide the reason.	<input type="checkbox"/>	<input type="checkbox"/>

A7. AIMS & OBJECTIVES OF YOUR ORGANISATION

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

A8. Organisation structure:

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

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

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:

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:

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 documents at this stage.

Completed application must be e-mailed or posted to:

**Abed Moftizadeh at:
Cambridge Education @ Islington
Ethnic Minority Achievement Service
Laycock Street Professional Development Centre
Laycock Street London N1 1HT
Tel: 020 7527 8687**

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

Declaration

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