

#### **Ethnic Minority Achievement Service**

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

Closing date: 21<sup>st</sup> February 2011

A. Contact Information:	_ rob.dary _co
Organisation Name:	
Date of establishment:	
A1.Contact Name:	A2. Address:
Surname:	
Forename:	Post Code:
A3. POSITION WITHIN THE ORGANISATION	A4. DATE OF APPOINTMENT TO THIS POSITION
A5. Address of organisation: (if different from A.	2)
	Tel:
	Fax:
	Mobile:
Post Code:	e-mail:

#### 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 <a href="https://www.islingtonschools.net">www.islingtonschools.net</a>



	Yes	No
S YOUR ORGANISATION LEGALLY CONSTITUTED?		
S YOUR ORGANISATION A REGISTERED COMPANY?		
S YOUR ORGANISATION A REGISTERED CHARITY?		
DOES YOUR ORGANISATION HAVE ITS OWN BANK ACCOUNT?		
Do you have annual statement of accounts or audited accounts? f not, please provide the reason.		
Please summarise the aims and objectives of your organisation (this should be ident stated in the organisation's constitution.	tical with	what is
	tical with	what is
stated in the organisation's constitution.	tical with	what is
A8. Organisation structure:	tical with	what is
A8. Organisation structure:  Number of paid staff: 1- Full time 2- Part time  Number of volunteers: 1- Full time 2- Part time	tical with	what is
A8. Organisation structure:  Number of paid staff: 1- Full time 2- Part time  Number of volunteers: 1- Full time 2- Part time  (Excluding MC members)	tical with	what is



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:			
2. 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 Clas	s Other if other please give details
C5. Subjects taught:		
Mother Tongue    English    Mathematic	cs 🗌 Science 🗌 Music 🗌	Dance Drama History
Other if other please give details		
OO EDECLIENOV O DUDATION		
C6. FREQUENCY & DURATION		
Hours per day:	Days per week:	Weeks per year:
D. BENEFICIARIES		
D1. How many children will be involv	ved? D2. Age rang	10·
Di. How many chinaron win be inverse	DZ: Ago rang	,,,,
D3. Number of children from Islingto	on:	
D4. How do you recruit them?		
D4. How do you recruit them:		



#### **E. GRANT REQUESTED**

E1. Please state the total grant requested £*
*The maximum amount you can apply for is £10,000.00
E2. Is this the total cost of your project?  Yes No
E3. If not, how the shortfall would be covered?
F. Previous records of service delivery:  Please provide a brief explanation about your experience of running educational projects
Please provide a brief explanation about your expenence of furning educational projects
G. Does your organisation possess a Quality Mark for its provision?
Yes No If yes, please provide more details



H. Link with statutory education  Please explain how your project will link with statutory education provision	education/national curriculum/mainstream
I. Is your organisation a member of any umbrella	organisation?
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide more	re details
Yes No If yes, please provide mode and the second s	re details
	re details  No   No
J. Service Charge:	



Please give a **detailed** breakdown of the **full** costs of the activity or project (*This may include for example; room hire, staffing costs, equipment costs. Please ensure that you show how you have calculated costs for each item e.g Room Hire, £20/week \times 50 weeks = £1,000)* 

calculated costs for each item e.g Roon			
Item	Amount	Amount	Amount from
		requested	other sources
		from us	(please specify
			whether or not
			this funding has
			been secured)
			,

What was the income and expenditure of your organisation in the last financial year'
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Total income £

Total expenditure £

Please enclose a copy of your most recent annual accounts or summary of income & expenditure for the last financial year. If you are a new group

#### 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 documents at this stage.

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 numb	er:
Mobile number:	
e-mail address:	
Position within the organisation	on:
Chair Secretary Tr	reasurer Other if other please give details
<ul> <li>I certify that the information give knowledge.</li> </ul>	n on this application is complete and correct to the best of my
I am aware that the provision of can result in withdrawal of the grant and	false information on this application and/or during the project life I other punishment according to the law
Signed: (Applicant) Name (ca	pitals):
Signature,	Date