

# OSMANI TRUST REGISTRATION FORM



Membership No.

Date of registration

## About you

Full Name:

Date of birth:

Gender: Male ☐

Female ☐

Address:

Postcode:

Tel (Home)

Mobile No:

Email:

## Ethnic Background (Please specify)

### Ethnic Asian

### Black

### Mixed or Dual Heritage

### White

### Other

- ☐ Bangladeshi  
☐ Chinese  
☐ Indian  
☐ Vietnamese  
☐ Pakistani  
☐ Asian other

- ☐ Caribbean  
☐ Black other  
☐ African Somali  
☐ White & Black African  
☐ Other African

- ☐ White & Asian  
☐ White & Black  
☐ African  
☐ White & Black  
☐ Caribbean

- ☐ English  
☐ Welsh  
☐ Scottish  
☐ Irish  
☐ White other

Please specify any other ethnic background

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## Emergency contact (next of kin)

Full name

Address:

Relationship

Postcode:

Contact No:

## Disability

Would you describe yourself as having any disabilities or learning difficulties

Yes

☐

No

☐

If yes, please specify

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## Current Status (what are you currently doing?)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> College (F/T)          | <input type="checkbox"/> College (P/T)    | <input type="checkbox"/> School            |
| <input type="checkbox"/> University (F/T)       | <input type="checkbox"/> University (P/T) | <input type="checkbox"/> Apprentice        |
| <input type="checkbox"/> Unemployed             | <input type="checkbox"/> Employed (F/T)   | <input type="checkbox"/> Employed (P/T)    |
| <input type="checkbox"/> Volunteer              | <input type="checkbox"/> Carer            | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other (Please specify) |   |  |

## Name of school/college or university

## How would you normally get to the youth project/provision?

- ☐ Car  
☐ walk

- ☐ Bus  
☐ Cycle

- ☐ Taxi  
☐ Train

Other

How long does it take you?

## Please tell us about any medical conditions you may have?

## Religion/Belief (what is your religious belief?)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim           |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Jewish           |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Sikh             |
| <input type="checkbox"/> Other     | <input type="checkbox"/> Decline to state |

## List your hobbies and interests?

## Do you attend any other youth provision/project/centre?

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**How did you hear about us?**

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**What language(s) do you speak?**

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## Consent

The project on occasions may need to use photographs, filming, or record interviews for use in our publications, website or other marketing materials

I give full permission

**Yes**

☐

**No**

☐

## Signature

Young person

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Parent/guardian

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Date

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