

It is important that you read the guidance notes before completing this application form. Please fully complete this form using type or BLACK ink and CAPITAL letters.

A curriculum vitae is not an acceptable form of application unless stated otherwise.

Applications received after the closing date will not be considered.

Return the completed application form to:

Osmani Trust Osmani Centre 58 Underwood Road London E1 5AW

Telephone: 020 7247 8080 Fax: 020 7247 6453

The inform	nation you supply on this form will be treated in confidence
Personal Details	
First Name :	
Last Name :	
Address:	
	Post Code:
Home Telephone:	Daytime Telephone:
Mobile Telephone:	Nat. Insurance No:
Email Address:	
Date of Birth:	Male: Female:
Are you able to take u with no current immig	p employment in the UK gration restriction Yes: No:
Dates not available fo	or interview:
If these dates c	lash with the interview date we will try to re-arrange but cannot guarantee to do this

# Current or most recent employment/ voluntary work

Employer :		
Job Title :		
Address:		
	Post Code:	
Current/ Last Salary:	Benefits:	
Date Commenced:	Date of Leaving:	
Reason for Leaving:		
Period of Notice:		

Brief description of main duties & responsibilities: Use separate sheet if necessary.

#### **Previous Employment of Work Experience Record**

Please provide full details of all your previous paid and unpaid employment in date order since leaving full time education, explaining any breaks.

Name of Employer and type of business	responsibilities	leaving	from - to

#### Health

Please state number of days you have been absent from work due to sickness in the past twelve months:

How many periods of absence does this represent?

# Educational Qualifications & Training obtained from schools/ colleges/ universities

Name of Schools, Colleges,	Name of Course	Dates	Qualifications and
Universities etc.		from - to	Grades obtained

#### Other relevant qualifications or records of achievement

Please provide details of any other relevant qualifications or records of achievement (e.g. courses attended), including membership of professional bodies. Please note, if you are appointed we will need to see your original qualification. Use separate sheet if necessary.

Qualifications and/ or	Dates	Level of
Grades obtained	from - to	Achievement

# **Personal Statement**

#### Abilities, skills, knowledge and experience

Please use this section to explain in detail how you meet all of the requirements of the Person Specification and why you consider yourself suitable for the post. This should include all aspects pf you education and experience, including paid or voluntary work, study or training that are relevant to this position. *Use separate sheet if necessary.* 

# References

Please give the name and addresses of two people who are willing to provide references relating to your work experience and suitability for the post you have applied for.

One must be your present or most recent manager. Please note that we reserve the right to approach any of your previous employers for a reference.

Reference 1	Reference 2
Name:	Name:
Job Title:	Job Title:
Work Relationship:	Work Relationship:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:
May we approach them at this stage?	May we approach them at this stage?
Yes: No:	Yes: No:

Driving Licence Details The enclosed post details will state whethe	er a driving license is required for the post.			
Do you hold a full, clean, current licence which enables you to drive in the UK?	If yes, please state the type of licence:			
Yes: No:				
If successful you will be required to provide evidence of your licence before your appointment.				

# **Declarations**

#### **Criminal Convictions**

Signature:

Due to the nature of the work undertaken by Osmani Trust and the fact that our key beneficiaries are children and youth, we will undertake Criminal Records Bureau Disclosure on all applicants.

Do you have any criminal conviction(s) or police cautions(s)?

No:

Yes:

If 'YES', please complete the following:

Nature of offence	es	Date of conviction(s)	Sentence imposed	
		had a Original Data sta		
In the last three y Bureau Disclosur		had a Criminal Records	Yes: No:	
If yes please stat	e the CRB refere	ence number:		
CRB Reference		Da	ate of	
Number:		Ар	plication:	
If successful you will be required to provide evidence of your CRB Disclosure before your				
		appointment		
Certification				
I certify that all information given in this application is correct to the best of my knowledge. Details of qualifications and work experience may be checked with the organisations and				
authorities concerned. I understand that, if I conceal any information, or information				
provided is untrue, and I have been employed, then my contract may be terminated.				

Date:

Osmani Trust has an equality and working effectively. The information and will only be used for statistic		ure that the nolicy is
		strictest confidence
About You	Asian	
Last Name:	Bangladeshi	Γ
Postcode:	Chinese	
Where did you see this job advertise	l? Indian	
	Pakistani	
Name of newspaper, email, friend,	c. Vietnamese	
	Other Asian backgr	ound (specify)
Gender	Black	
Are you: Male F	male Caribbean	Γ
	African Somali	Γ
A Tower Hamlets Yes	No Other African	Γ
resident?	Other Black backgr	ound (specify)
Applying for: Full time Par	time	
Ethnicity	Mixed or Dual Herit	age
White	White and Asian	
English	White & Black Afric	an
Irish	White & Black Carr	ibean
Welsh	Other Mixed backg	round (specify)
Other		
Please specify	Other (Please spec	ify)

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continued from o	ther side			
Languages			Religion/ Belief	
Do you speak any languages?	/ of the following		What is your religion	ous belief?
Bengali	Yes	No	Buddhist	Jewish
Chinese	Yes	No	Christian	Muslim
Somali	Yes	No	Hindu	Sikh
Vietnamese	Yes	No	Other (Specify)	
Other (specify)			None	Declined
Sexual Orienta	tion		Disability	
How would you de orientation?	efine you sexual		Do you consider yo	ourself to be disabled?
Bisexual			Ye	s No
Gay			Hearing Impairme	nt 🗌
Heterosexual			Learning Disability	/
Lesbian			Mental Health Issu	ue au
Decline to state			Physical Disability	
			Visual Impairment	
			Other Disability –	please state
Age				
Date of Birth				
L				
Certification				
Details of qualific authorities conce	ations and work experned. I understand t	perience ma that, if I con		
Signature:			Da	te:

# **Our Vision**

'Helping Ordinary People Do Extraordinary Things'

Osmani Trust Osmani Centre 58 Underwood road London E1 5AW (t) 020 7247 8080 (f) 020 7247 6453 (e) info@osmanitrust.org (w) www.osmanitrust.org