

OSMANI TRUST REGISTRATION FORM



Membership No.	_____
Date of registration	_____

About you

Full Name: _____ Age: _____

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
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White & Asian	<input type="checkbox"/> English	Please specify any other ethnic background -----
<input type="checkbox"/> Chinese	<input type="checkbox"/> Black other	<input type="checkbox"/> White & Black	<input type="checkbox"/> Welsh	
<input type="checkbox"/> Indian	<input type="checkbox"/> African Somali	<input type="checkbox"/> African	<input type="checkbox"/> Scottish	
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Black	<input type="checkbox"/> Irish	
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White other	
<input type="checkbox"/> Asian other				

Emergency contact (next of kin)

Full name _____

Address: _____

Postcode: _____

Relationship to young person _____ 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?

- | | | |
|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Car | <input type="checkbox"/> Bus | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> walk | <input type="checkbox"/> Cycle | <input type="checkbox"/> 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 |

Sexual Orientation

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Decline to state | |

List your hobbies and interests?

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

How did you hear about us?

What language(s) do you speak?

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

Parent/guardian

Date