



**osmani**TRUST

# Application for Employment

**Job Title: Health & Sports Officer**

**Post Reference: H&S03**

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**  
**Healthy Futures Project (ref: H&S03)**  
**Osmani Youth Centre, Vallance Road**  
**London E1 5AB**

Telephone: 020 7247 8080

Fax: 020 7247 6453

Email: [muhammad.didar@osmanitrust.org](mailto:muhammad.didar@osmanitrust.org)

**The information 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 up employment in the UK with no current immigration restriction Yes:  No:

Dates not available for interview:

*If these dates clash 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 | Position held, duties and responsibilities | Reason for leaving | Dates 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, Universities etc. | Name of Course | Dates from - to | Qualifications and 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.*

| Professional Qualifications and Membership of Professional Bodies | Qualifications and/ or Grades obtained | Dates from - to | Level of 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 of your 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

Name:   
Job Title:   
Work Relationship:   
Organisation:   
Address:   
  
  
Postcode:   
Telephone:   
Email:

May we approach them at this stage?

Yes:  No:

### Reference 2

Name:   
Job Title:   
Work Relationship:   
Organisation:   
Address:   
  
  
Postcode:   
Telephone:   
Email:

May we approach them at this stage?

Yes:  No:

## Driving Licence Details

*The enclosed post details will state whether a driving license is required for the post.*

Do you hold a full, clean, current licence which enables you to drive in the UK?

Yes:  No:

If yes, please state the type of licence:

*If successful you will be required to provide evidence of your licence before your appointment.*

# Declarations

## Criminal Convictions

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)? Yes:  No:

If 'YES', please complete the following:

| Nature of offences | Date of conviction(s) | Sentence imposed |
|--------------------|-----------------------|------------------|
|                    |                       |                  |
|                    |                       |                  |
|                    |                       |                  |

In the last three years, have you had a Criminal Records Bureau Disclosure undertaken? Yes:  No:

If yes please state the CRB reference number:

CRB Reference Number:  Date of Application:

*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.

Signature:  Date:



**osmani**TRUST

# Employment Monitoring

Osmani Trust has an equality and diversity policy and is keen to ensure that the policy is working effectively. The information you provide will be treated in the strictest confidence and will only be used for statistical monitoring and is not used as part of the interview selection process.

## About You

Last Name:

Postcode:

Where did you see this job advertised?

*Name of newspaper, email, friend, etc.*

## Asian

Bangladeshi

Chinese

Indian

Pakistani

Vietnamese

Other Asian background (specify)

## Gender

Are you: Male  Female

A Tower Hamlets resident? Yes  No

Applying for: Full time  Part time

## Black

Caribbean

African Somali

Other African

Other Black background (specify)

## Ethnicity

### White

English

Irish

Welsh

Other

Please specify

### Mixed or Dual Heritage

White and Asian

White & Black African

White & Black Caribbean

Other Mixed background (specify)

Other (Please specify)

### Languages

Do you speak any of the following languages?

|                 |                              |                             |
|-----------------|------------------------------|-----------------------------|
| Bengali         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Chinese         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Somali          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Vietnamese      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other (specify) | <input type="text"/>         |                             |

### Religion/ Belief

What is your religious belief?

|                 |                          |          |                          |
|-----------------|--------------------------|----------|--------------------------|
| Buddhist        | <input type="checkbox"/> | Jewish   | <input type="checkbox"/> |
| Christian       | <input type="checkbox"/> | Muslim   | <input type="checkbox"/> |
| Hindu           | <input type="checkbox"/> | Sikh     | <input type="checkbox"/> |
| Other (Specify) | <input type="text"/>     |          |                          |
| None            | <input type="checkbox"/> | Declined | <input type="checkbox"/> |

### Sexual Orientation

How would you define you sexual orientation?

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

### Disability

Do you consider yourself to be disabled?

|                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
|                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hearing Impairment              | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Learning Disability             | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Mental Health Issue             | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Physical Disability             | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Visual Impairment               | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Other Disability - please state | <input type="text"/>         |                             |

### Age

Date of Birth

  

### 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.

Signature:

Date:

# Our Vision

*'Ordinary People Doing Extraordinary Things'*



**osmanITRUST**

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London E1 5AB  
(t) 020 7247 8080  
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