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B	
Bentworth Primary School	
Brackenbury Primary School	
Burlington Danes C of E Academy	
C	
Cambridge School	
Canberra Primary School	
F	
Flora Gardens Primary School	
Fulham Cross Secondary School	
Fulham Primary School	
G	
Gibbs Green School	
Good Shepherd RC Primary School	
Greenside Primary School	
H	
Henry Compton Secondary School	
Holy Cross RC Primary School	
Hurlingham & Chelsea Secondary School	
J	
Jack Tizard School	
John Betts Primary School	
K	
Kenmont Primary School	

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Lady Margaret C of E Secondary School	
Langford Primary School	
Larmenier & Sacred Heart RC Primary School	
Lena Gardens Primary School	
M	
Melcombe Primary School	
Miles Coverdale Primary School	
N	
New King's Primary School	
Normand Croft Community School	
O	
Old Oak Primary School	
P	
Peterborough Primary School	
Phoenix High School	
Pope John RC Primary School	
Primary Pupil Referral Unit (PRU) - Gibbs Green	
Q	
Queen's Manor Primary School & Special Needs Unit	
Queensmill School	
S	
Sir John Lillie Primary School	
St Augustine's RC Primary School	
St John's Walham Green C of E Primary School	
St Mary's RC Primary School	

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St Paul's C of E Primary School				
St Peter's C of E Primary School				
St Stephen's C of E Primary School				
St Thomas of Canterbury RC Primary School				
Sullivan Primary School				
T				
The Bridge Academy - Secondary PRU				
The London Oratory RC Secondary School				
W				
Wendell Park Primary School				
William Morris Academy - Sixth Form				
Woodlane High School				
Wormholt Park Primary School				
Schools in Other Boroughs				
Borough	School Name	Please <input checked="" type="checkbox"/> to indicate type of school		
		Primary	Secondary	Special

Subjects taught in your supplementary classes (please indicate **all subjects** taught including non-national curriculum subjects)

	Please tick ✓		Please tick ✓
Maths		Reading	
English		Writing	
Science		CT	
Homework Support		History	
Art		Languages (please state which)	
Other (please state)		Other (please state)	
Other (please state)		Other (please state)	

Key stages and ages taught (please indicate by ticking in the last column)

Key Stages			Please tick ✓
Key stage 1	School year 1	Ages 5 – 6	
	School year 2	Ages 6 – 7	
Key stage 2	School year 3	Ages 7 – 8	
	School year 4	Ages 8 – 9	
	School year 5	Ages 9 – 10	
	School year 6	Ages 10 – 11	

Key stage 3	School year 7	Ages 11 – 12	
	School year 8	Ages 12 – 13	
	School year 9	Ages 13 – 14	
Key stage 4	School year 10	Ages 14 – 15	
	School year 11	Ages 15 - 16	
Key stage 5	Year 12	Ages 16 – 17	
	Year 13	Ages 17 - 18	

Other activities run

Days and times classes and activities are provided
(Please select days by specifying times if applicable)

	(From/To)		(From/To)
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

Do you teach:

Male only?

Female only?

Mixed classes?

Both male and female but in separate classes?

Please state the ward your organisation is based in (see attached ward list)

Please state which local areas or wards your service users come from

Which ethnic communities are your students from?

Albanian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Somali	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	South American	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Sudanese	<input type="checkbox"/>
Eritrean	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White British	<input type="checkbox"/>
Iranian	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Macedonian	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>
Mongolian	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>

Links or partnerships with other organisations

Names of schools, organisations and networks you have links with	Nature of relationship (e.g. how you work together or how you are connected)

School structure

Date of establishment Month

Year

What type of group are you?

Registered Charity in England

Registration No.

Company Limited by Guarantee

Registration No.

Unregistered Group

Other (please specify)

What quality assurance mark does your organisation have?
What is your organisation's Mission?

How many people are involved in running your group? (Put numbers in the boxes)

Paid Staff: Full time Paid Staff: Part time Volunteers

How many people are there on your management committee?

Please tick (✓) the box if the position is **currently** filled:

Chair Vice-Chair Treasurer Secretary

Please state below your main sources of income for the past financial year. This information will assist us in assessing your organisation's income needs.

<u>Source</u>	<u>Amount</u>	<u>Please tell us what this is used for</u>
1	£	
2	£	
3	£	
4	£	
TOTAL	£	

Please give details of current insurance cover and value (✓ each box that applies)

Employer's Liability	<input type="checkbox"/>	Value of cover	£ <input type="text"/>
Public Liability	<input type="checkbox"/>	Value of cover	£ <input type="text"/>
Professional Indemnity	<input type="checkbox"/>	Value of cover	£ <input type="text"/>

**Date this form
has been completed**

DD MM YYYY

THANK YOU