

|  |  |  |  |
| --- | --- | --- | --- |
| **GALWAY RURAL DEVELOPMENT**  **Mellows Campus, Athenry, Co Galway Phone: 091 875732 Email:** [**tusadmin@grd.ie**](mailto:tusadmin@grd.ie) | | | |
| **RSS/TÚS APPLICATION FORM & WORK PLAN 2022/2023** | | | |
| **Group/Project Name:** | *Group Name* **GRD Application Reference:** | | |
| **Group/Project Address:**  **Eircode: \*** |  | | |
| Details of person who can be contacted on a daily basis: **\***  **Name: \***  **Address: \*** | | | **Phone: \***  **Email:** |
| **Chairperson Name:** | | | **Phone: \***  **Email:** |
| **Secretary Name:** | | | **Phone: \***  **Email:** |
| Is your group/project a “not for profit” organisation, providing a community service?  Yes  No  Are there existing paid staff in your organisation?  Yes  No  Have any staff been made redundant or let go in the past year?  Yes  No  Do you have adequate insurance in place? See item 13 of the agreement  Yes  No  Is Garda Vetting required for this position?  Yes  No  Is there a child and vulnerable adult safeguarding policy in place?  Yes  No  Has your group paid their voluntary affiliation fee to GRD?  Yes  No | | | |
| **What welfare facilities are available for participants? Please give details and location? \*** | | | |
| Do you have a current Health and Safety Statement in place?  \* Yes  No  A current **Health and Safety Statement** is a mandatory requirement.  If you don’t have one, a Health & Safety Statement can be created on the HSA website [www.BeSMART.ie](http://www.BeSMART.ie) | | | |
| **Please tick if any of the following permissions are required. Please attach all supporting documentation:** | | | |
| County Council permission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Area Engineer’s permission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Planning permission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Site owner’s permission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  National Monuments Services permission\_\_\_\_\_  Local Parish permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Committees’ permission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OPW permission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other, Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Yes  No  Obtained  Yes  No  Obtained  Yes  No  Obtained  Yes  No  Obtained  Yes  No  Obtained  Yes  No  Obtained  Yes  No  Obtained  Yes  No  Obtained | |
| Do you currently have a FÁS/CE scheme involved in your project?  Yes  No  If yes please give details and attach a copy of the work plan | | | |
| **Please describe overleaf the proposed work your group would like completed. You should also detail the skills needed to complete the work required i.e. Labourer, driver, Child care assistant, etc.:**  • Please detail all activities and tasks includingthe **location & Eircode** of works and any specific time scales.  •The Work Placement Provider **must supply all materials and equipment** required to complete the work.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please continue on blank page and enclose as much detail as possible regarding your project(s).*  *Any additional work not listed here will need to be discussed and approved by your area supervisor.*  • **Please note all work carried out must comply with Health and Safety regulations.**  • **The use of consaws, angle grinders, circular saws, Hydrated Lime or working with Asbestos or Electrics is *STRICTLY PROHIBITED*. Chainsaw use is restricted to those with appropriate training with specific agreement from GRD.**  • Please supply evidence of recognition/public acknowledgment of the assistance and support your organisation/project received from RSS/TUS in 2021. Please attach copies ie. AGM minutes, parish Newsletter, papers, Facebook or any other social media.  **\*** | | | |
| • I hereby confirm that our group/organisation will adhere to the terms & conditions outlined in the attached agreement.  • I hereby confirm that this application will not displace any employees or fill a vacancy that would otherwise be filled by normal means.  Please ensure all questions have been answered as **incomplete applications will NOT** be considered. Applications will be approved based on the information supplied by you on this form along with a signed Work Place Provider Agreement Form**.**  **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PRINT NAME:**  **POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Supervisor\Team Leader:  Print Name:   Scheme code / application: Date request received:** | | | |
| ***OFFICE USE ONLY:***  Is the application adequately completed? ☐ Yes ☐ No  Does the organisation meet the eligibility rule? ☐ Yes ☐ No  Do they demonstrate active community involvement and service delivery? ☐ Yes ☐ No  Does the proposed work placement meet the requirements of Tús/RSS? ☐ Yes ☐ No  Is the service and work proposed eligible? ☐ Yes ☐ No  Are there any costs involved for GRD? ☐ Yes ☐ No  Is Garda Vetting required for the post? ☐ Yes ☐ No  **Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |