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| **GALWAY RURAL DEVELOPMENT****Mellows Campus, Athenry, Co Galway Phone: 091 875732 Email:** **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 [ ]  NoAre there existing paid staff in your organisation? [ ]  Yes [ ]  NoHave any staff been made redundant or let go in the past year? [ ]  Yes [ ]  NoDo you have adequate insurance in place? See item 13 of the agreement [ ]  Yes [ ]  NoIs Garda Vetting required for this position? [ ]  Yes [ ]  NoIs there a child and vulnerable adult safeguarding policy in place? [ ]  Yes [ ]  NoHas 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 [ ]  NoA 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 [ ]  NoIf 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 ☐ NoDoes the organisation meet the eligibility rule? ☐ Yes ☐ NoDo they demonstrate active community involvement and service delivery? ☐ Yes ☐ NoDoes the proposed work placement meet the requirements of Tús/RSS? ☐ Yes ☐ NoIs the service and work proposed eligible? ☐ Yes ☐ NoAre there any costs involved for GRD? ☐ Yes ☐ NoIs Garda Vetting required for the post? ☐ Yes ☐ No**Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |