



Sligo Leader Partnership

Sligo Development Centre, Cleveragh Road, Sligo

Tel: 071 9141138 E-mail: paultolan@sligoleader.com

Reg No. 222621

Tús Programme Host Organisation Application Form

Section 1

Organisation details

Name of organisation _____

Address for correspondence _____

Tel No: _____ Email: _____

Name and address of Chairperson _____

Name and address of Secretary _____

What is the current legal status of your community/voluntary group? (Please tick the appropriate box)

Limited company Association Network Co-operative

Other – please describe

Give a brief history of your organisation/group, when it was formed, objectives, structure of the organisation, e.g., board of Directors/Management, no of staff.

Briefly describe the main work normally carried out by organisation/group, the location of this work, current activities, experience of delivering community based projects

Do you currently have participants from any of the following programmes?

CE Y/N JI Y/N CSP Y/N

If yes to any of the above please indicate how many participants

Section 2

Name and contact details of person who will be responsible for Tús Programme if approved for participation on this scheme

This person will be responsible for liaising with Sligo Leader Partnership, for reporting on the work programme and will be required to meet with the TUS Supervisor on a regular basis.

Name: _____

Correspondence Address: _____

Tel: _____

Email: _____

How many Tús workers are requested? _____

Is the work you are considering ongoing or 'once off' project?

What community facilities will be available to support Tús workers?

Describe the support/ monitoring arrangements for Tús workers

If work to be carried out is of an outdoor nature has your group considered indoor activities that can be undertaken during inclement weather conditions? If so please give details.

Please complete Section 3 giving details of possible or identified project/work programme

Signed: _____ **Position:** _____ **Date:** _____

I hereby submit this proposal which has been completed by me for consideration by the Sligo LEADER Partnership Co. Ltd and I declare that the information I have provided is true and correct. I will comply with all project Visits and inspections by Sligo LEADER Partnership Co. Ltd, Dept of Social Protection and/or their agents.

I declare that the information in this document is true and correct and has been completed by me.

Completed Application form and all required documents should be returned to: Paul Tolan (Tús Coordinator), Co. Sligo LEADER Partnership Co. Ltd, Sligo Development Centre, Cleveragh Road, Sligo
Tel: 071 9141138 Fax: 071 9141162 e-mail: paultolan@sligoleader.com
Co. Sligo LEADER Partnership Co. Ltd. will only be disclosed information to other bodies as required by the Tús Programme.

Section 3

(Please note that this page must be completed for EACH participant requested)

Project or work programme details

Please complete separate form for each activity, e.g. maintenance, administration, refurbishment. Please attach job description for each job type if you are applying for a specific position. Otherwise please complete an outline of possible work programme and person profile in the considered area. Should Sligo Leader Partnership be in a position to allocate Tús participants to your organisation you will be required to complete a more detailed work programme and job description.

Proposed activity or project: _____

No. of workers requested for this activity/project: _____

Typical working hours for participant(s) _____

Please indicate if participant(s) will be required to work outside usual working hours, evenings, weekends etc.

Description of Work Plan for 12 month period (for specific activities), alternatively give an outline of possible work programme.

This should include details of work to be carried out, skills required, how the work is identified, how it will be supervised and monitored, equipment available etc.

