

PAUL Partnership

Unit 25, Tait Business Centre, Dominic St. Limerick

TUS Programme

Community/Voluntary Group Application Form 2011-2012

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 TUS Programme if approved for participation on this scheme

This person will be responsible for liaising with PAUL 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 TUS workers are requested? _____

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

What community facilities will be available to support TUS workers?

Describe the support/ monitoring arrangements for TUS 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: _____

Completed, signed applications should be returned to:

Leona Collins, TUS Programme, PAUL Partnership, Unit 25, Tait Business Centre, Dominic St. Limerick

Tel: 061/419388

Email: tus@paulpartnership.ie

Section 3

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 PAUL Partnership be in a position to allocate TUS 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.

