

### TÚS Programme Community/Voluntary Group Application Form 2013

Name of Community/Voluntary Group:	
Address for Correspondence:	
Chairperson: Contact Telephone No: E- mail Address:	
Secretary: Contact Telephone No: E- mail Address:	
Name Of Person who will be responsible for overseeing the TÚS programme (if approved):	
Contact Telephone No:	

Give a brief history of your group (e.g. when it was established, number of members, aims and objectives, main projects undertaken, current activities, etc)

Please state why your group needs a TÚS wor	rker for the forthcoming year?
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Please identify in detail the specific project(s) and duties that the TÚS worker will undertake? Please outline time scale for each project (s) and proposed completion dates?

Please outline the equipment that will be needed by the TÚS worker on the above project(s) and please state whether or not this equipment is already in place?

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Please outline the structures that your group has in place/would put in place to supervise and support the TÚS worker with the proposed project?

Would your group be in a position to provide training to the TÚS worker to carry out their work?

#### Does your group have participants from the following schemes?

Scheme	No. of participants
Community Employment	
Rural Social Scheme	
Community Services Programme	
Job Initiative	
Other(please specify)	

# With reference to the Project/Work outlined does your group have access to funding or resources from any other sources for this project? If yes, please provide details :

#### Any Additional comments:

The following documentation **must** accompany any application for a TÚS Participant:

- 1. Group Memorandum & Articles of Association or Constitution
- 2. Group Insurance Policy

# Any placement will not displace or substitute any employment or employment supported under another programme.

We, the undersigned, agree to work with Wexford Local Development, in supporting the implementation of the TÚS labour market Scheme.

We accept that Wexford Local Development is responsible for the overall management of the Scheme.

Any changes required by either party will be discussed and agreed by all involved.

### Signed on behalf of Community/Voluntary Group:

Name:	
Position:	
Signed:	
Date:	

<u>Please return completed application forms marked 'TÚS Programme – Community/Voluntary</u> <u>Group Application' to:</u>

> Wexford Local Development Spawell Rd Wexford 053 9155800

**Note:** The selection of projects and allocation of workers under this scheme will be at the sole discretion of Wexford Local Development.