

RURAL SOCIAL SCHEME

APPLICATION FOR PARTICIPANT 2017 - 2018

Name of Community Group:	
Address for Correspondence:	
Chairperson: Contact Telephone No: E- mail Address:	
Secretary: Contact Telephone No: E- mail Address:	
Name of Person responsible for assigning work duties and signing the Participant's Timesheets: Email Address: Telephone Number:	

Name of Implementing Body:	Wexford Local Development Limited
Chairperson:	Michael Wall
CEO:	Brian Kehoe
Address for Correspondence:	Rural Social Scheme, Wexford Local Development Mill Park Road, Enniscorthy, Co. Wexford.
Contact Telephone No:	053 9155864

The following documentation **must** be submitted prior to commencement of RSS worker:

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

Please state why your group needs an RSS worker for the forthcoming year?

Please identify in detail the specific project(s) and duties that the RSS worker will undertake?

Please outline time scale for each project

Please outline the equipment that will be used by the RSS worker on the above project(s)?

Note – the use of chainsaws, consaws, ladders and lime is prohibited

We, the undersigned, agree to work with Wexford Local Development, in supporting the Rural Social 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.

On behalf of _____ I agree to provide 19 ½ hours work per week for the participant and undertake to oversee same. Participants may be required to work in other locations from time to time as outlined in their contracts.

I further agree to sign participant timesheets on a weekly basis.

Note:

Wexford Local Development Limited will undertake a site visit to the proposed work location prior to the commencement of the RSS worker.

The selection and sequencing of work projects under the Wexford Rural Social Scheme (RSS) will be at the sole discretion of Wexford Local Development Limited.

Community Group Representative:

Name:
Position:
Signed:
Date:

Please return completed application forms to:

Enniscorthy:

**Wexford Local Development
Mill Park Road
Enniscorthy
Co. Wexford
053 9155864**

Wexford:

**Wexford Local Development
Spawell Road
Wexford
053 91 55800**