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**TÚS Programme**

**Community/Voluntary Group Application Form 2018/2019**

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| **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)**

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**Please state why your group needs a TÚS worker 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?**

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**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?**

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

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| **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 :**

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**Is the placement of a Tús Participant likely to cause the displacement of any paid or voluntary member of staff within your organisation? If yes, please provide details:**

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**Any Additional comments:**

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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:**

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| **Name:** |
| **Position:** |
| **Signed:** |
| **Date:** |

**Please return completed application forms marked *‘TÚS Programme – Community/Voluntary Group Application’* to:**

**Tús Programme**

Wexford Local Development

Spawell Road

Wexford

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