**County Wexford Social Enterprise Network**

**Registration Form**

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| **Group / Individual Name** |  |
| **Social Enterprise Address** |  |
| **Eircode** |  |
| **Contact Name(s)** |  |
| **Main Contact** |  |
| **Website Address** |  |
| **E-mail Address** |  |
| **Contact Telephone Number** |  |
| **Background and description of**  **Social Enterprise outlining your social, economic and environmental impact.** |  |
| **Employment** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Please specify number of people currently employed**  (if facility/service already exists) | | | | | |  | Full Time | Part Time | Seasonal | Total FTE\* | | Total |  |  |  |  | | Female |  |  |  |  | | Male |  |  |  |  |   \*Full Time Equivalent |
| **Do you have any scheme participants or direct employees on the following state supported employment schemes?** | **If Yes provide details:**   |  |  |  |  | | --- | --- | --- | --- | |  | Yes | No | No. of Participants | | TÚS |  |  |  | | Rural Social Scheme |  |  |  | | Community Employment Scheme |  |  |  | | Community Services Programme |  |  |  | | JobsPlus |  |  |  | | Other  Provide Details |  |  |  | |
| **Description of**  **Social Enterprise** | **Please provide a brief description of your**  **Social Enterprise** |
| **Signed for and on behalf of the Social Enterprise**  I/ We confirm that the details supplied are true and correct to the best of my/our knowledge  **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name in Block Capitals:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Part or all of the information you provide will be held on computer and hard copy format. This information will be used for the administration of the completed Registration Form and producing monitoring returns. LAG’s may share information with each other and government departments/agencies.  This policy does not affect your rights and your information will be held as prescribed under the Data Protection Acts.  The group/individual, the DRCD, PEIL, Implementing Partner/Animating Partner/LAG are subject to the data protection and privacy laws of Ireland and the EU, in particular the Data Protection Act 2018 and Regulation (EU) 2016/679, known as the EU General Data Protection Regulation (“GDPR”). Any personal information that you provide as part of the registration process will be obtained and processed in compliance with Data Protection legislation.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This Registration Form may also be subject to meeting obligations under the Freedom of Information Act 2014. The DRCD, PEIL, Wexford Local Development and Wexford Local Community Development Committee retain the right to disclose for the purposes of a request under the Freedom of Information Act 2014 or otherwise, in connection with this Registration Form.  i.  any information supplied by the promoter/group to the DRCD, PEIL Wexford Local Development and Wexford Local Community Development Committee;  ii. any relevant data gathered by the DRCD, Wexford Local Development and Wexford Local Community Development Committee in processing this registration form, except where the information is considered to be personal or commercially sensitive. | |
| **Office Use Only:**  **Social Enterprise Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**  **Indicator:** G1.5.1.1 Social Enterprises (delivery of Services to or Employment of SICAP Target Groups) Supported by SICAP. | |