

**TUS-Community Work Placement,
West Limerick Resources,
St. Mary's Road,
Newcastle West,
Co. Limerick,
Tel: (069) 62222
E-mail: tus@wlr.ie**



TUS-Community Work Placement COMMUNITY APPLICATION FORM

Section 1

1a. Contact Details:

Group Name: _____

Contact Name: _____

Contact Address: _____

Telephone Number: _____ E-mail: _____

1b. Group Officers (Name and Address):

Chairperson: _____

Secretary: _____

Treasurer: _____

Section 2

2a. 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: _____

2b. 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 if applicable:

2c. Briefly describe the main work normally carried out by organisation/group, the location of this work, current activities, experience of delivering community based projects

2d. Do you currently have participants from any of the following programmes? (Tick as appropriate)

Rural Social Scheme Yes No **FAS Community Employment** Yes No
Community Services Programme Yes No **Other** Yes No

If yes to any of the above please indicate how many participants

2e. Do you currently have paid employees and have you made anyone redundant in the last 12 months?

Signed: _____ Position: _____ Date: _____

Completed signed applications should be returned to:TUS – Community Work Placement,
West Limerick Resources, St. Mary's Road, Newcastle West, Co. Limerick

Please complete an individual **Project or Work Programme Details Form** (Attached) for each distinct work placement required. (A Community Group may have more than one project or work programme they need TUS Participants for these should be detailed separately)

Project or Work Programme Details
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TUS participant numbers required:(TUS participants are contracted to work 19.5 hours per week)

We require ____ TUS participants

Details of work to be done / project to be completed:

Typical working hours for participant(s):

Please indicate if participant(s) will be required to work outside usual working hours, evenings, weekends etc.

Skills needed by TUS participant:

How will project / work programme be supervised and monitored?;

(It is advised that there should be one primary contact within the group appointed to supervise and liaise with West Limerick Resources)

What equipment, if any, does the community already own or have available for use by the TUS participants?

What community facilities are available to support the TUS Participants?

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.