

# Renting / Leasing Parish

## Hall or Facilities

### Form 10



Safeguarding  
**CHILDREN**  
Killaloe

<b>Name of Parish</b>			
<p>As a Church which provides the use of facilities and services to individuals and groups who work with children and young people (service users) it is our responsibility to ensure that all reasonable steps are taken to safeguard children and young people using our facilities and services. The Diocese of Killaloe has clear policies and procedures in relation to safeguarding children. Any group/organisation operating under the name/auspice of the Diocese / Parish must comply with the Diocesan requirements.</p> <p>We welcome other organisations/groups/individuals within the community to use our facilities. We require detailed information in respect of your application to ensure that the safety and well-being of the service users are maintained. We would ask that you complete the following questionnaire in capital letters, using ink pen and tick response as appropriate. If any response is not applicable (N/A), please provide details regarding why this does not apply to your organisation.</p> <p>Please outline when additional information is provided in support of your application.</p>			
<b>Name of Group / Organisation</b>			
<b>Use for which the facilities are required</b>			
<b>User Groups e.g. Children, Adults</b>			
<b>Facilities / Services required</b>			
<b>Date of commencement of use</b>			
<b>Date of completion of use</b>			
<b>Frequency of use</b>			
<b>Hours of use</b>	Commence @ _____ (am/pm)		
	Finish @ _____ (am/pm)		
<b>Contact details for Person/s in charge</b>			
<b>Name</b>		<b>Name</b>	
<b>Address</b>		<b>Address</b>	
<b>Tel. No</b>		<b>Tel. No</b>	

**Relevant additional information to support your application**

**Details:**

**Commitment to good practice**

Does your group / organisation have a Safeguarding of Children policy in place? **Yes**  **No**

Does your group / organisation have adequate insurance cover for the activity? **Yes**  **No**

Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Duration of Cover: From: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**To be signed by Official / Co-ordinator of the group / organisation**

**Signed:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tel. No.** \_\_\_\_\_

**PARISH OFFICE USE ONLY**

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parish Priest / Co-ordinator)