

Renting / Leasing Parish Hall or Facilities

Form 10



Name of Parish			
<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>The information on this form will be used by the Diocese/parish in connection with the booking outlined on the form. It will be retained for as long as it necessary. For further information, please see the Diocese's/parish's privacy policy.</p> <p>Please outline when additional information is provided in support of your application.</p>			
Name of Group / Organisation			
Use for which the facilities are required			
User Groups e.g. Children, Adults			
Facilities / Services required			
Date of commencement of use			
Date of completion of use			
Frequency of use			
Hours of use	Commence @	_____	(am/pm)
	Finish @	_____	(am/pm)
Contact details for Person/s in charge			
Name		Name	
Address		Address	
Tel. No		Tel. No	

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)