



Waterford Youth Committee

City of Waterford Vocational Education Committee



APPLICATION FOR YOUTH GROUP REGISTRATION

SECTION 1: APPLICANT DETAILS

Name of Group: _____

Address of Group: _____

Name, Address, and Telephone No. of the Club Official to whom correspondence should be sent:

Name: _____

Address: _____

Telephone: _____ Email: _____

Position in group: _____

OTHER COMMITTEE MEMBER NAMES

Please indicate position in club ie Chairperson, Secretary, Treasurer where applicable

	Name:	Address:	Position:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Select a Group Category from the list below, which best describes your organisation (Please tick):

Culture	<input type="checkbox"/>	Uniformed Rescue & Training	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>
Voluntary Managed Special Projects	<input type="checkbox"/>	Youth Clubs	<input type="checkbox"/>	Outdoor Education	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>				

SECTION 2: GROUP DETAILS

1. When was the Organisation formed? _____
2. Name of that Organisation to which affiliated _____
3. Stamp of Organisation

FUNDING

Please indicate which Government Department/ Agency you receive your **Core Funding** from and any additional public funding sourced by your project.

Core Funding Source:	_____	Amount €	_____
Additional Funding Source:	_____	Amount €	_____
Source:	_____	Amount €	_____
Source:	_____	Amount €	_____

In relation to your **Core Funding**, what is the main purpose for which this funding is provided?

AIMS AND OBJECTIVES

Primary aims and objectives

Indicate the methods of achieving aims and objectives: (Please tick from the table below)

<input type="checkbox"/> Citizenship/Community Work	<input type="checkbox"/> Information Service
<input type="checkbox"/> Club Residents	<input type="checkbox"/> Issue Based Work
<input type="checkbox"/> Computers	<input type="checkbox"/> Music
<input type="checkbox"/> Cookery	<input type="checkbox"/> Networking / Liaison
<input type="checkbox"/> Dance	<input type="checkbox"/> One to One
<input type="checkbox"/> Disco	<input type="checkbox"/> Outdoor Pursuits
<input type="checkbox"/> Drama	<input type="checkbox"/> Outings/Trips
<input type="checkbox"/> Drop in Programmes	<input type="checkbox"/> Outreach Work
<input type="checkbox"/> Environmental Projects	<input type="checkbox"/> Personal Development
<input type="checkbox"/> Exchanges	<input type="checkbox"/> School Based Work
<input type="checkbox"/> Group Work	<input type="checkbox"/> Sports
<input type="checkbox"/> Specialised Activity	<input type="checkbox"/> Summer Programmes
<input type="checkbox"/> Special Needs	<input type="checkbox"/> Swimming

Other please specify: _____

STAFFING

Please indicate the number of staff working for your organisation under each of the following headings:

Full time Part Time Seasonal CE Scheme Volunteers

MANAGEMENT STRUCTURE

Management Structure (Please list the organisations represented on your Management Committee):

Does the group encourage young people to become involved in the management of the group? _____

Please tick the relevant box if the answer is 'YES'

- Does the group have a written constitution?
- Does the group have written and agreed Good Practice Guidelines in operation?
- Does the group have a Child Protection Statement and Procedures?
- Does the group have a designated Child Protection Person?
- Have your staff (inc volunteers) participated in Child Protection training in the last two years?
- Is there a recruitment and selection process for staff (inc volunteers)?
- Are staff (inc volunteers) provided with ongoing Youth Leadership Training?
- Have Committee members, staff (inc volunteers) read "The Code of Good Practice Child Protection for Youth Work Sector"?
- Have all new Committee members, leaders & volunteers involved, received Garda Vetting, as and from 1/9/06?

SECTION 3: MEMBERSHIP DETAILS

What age group do you serve? _____

STAFF (INC VOLUNTEERS)	Male	Female		MEMBERS		Male	Female
Under 18 yrs	<input type="checkbox"/>	<input type="checkbox"/>		Under 10 yrs		<input type="checkbox"/>	<input type="checkbox"/>
18-25 years	<input type="checkbox"/>	<input type="checkbox"/>		10-14 years		<input type="checkbox"/>	<input type="checkbox"/>
Over 25 years	<input type="checkbox"/>	<input type="checkbox"/>		15-19 years		<input type="checkbox"/>	<input type="checkbox"/>
				20-24 years		<input type="checkbox"/>	<input type="checkbox"/>
				25 yrs & Over		<input type="checkbox"/>	<input type="checkbox"/>
Total	<input type="checkbox"/>	<input type="checkbox"/>		Total		<input type="checkbox"/>	<input type="checkbox"/>

Please indicate which target group you serve, please be as specific as possible e.g. Early School Leavers (Actual or Potential), Youth at Risk etc

What geographic area do you serve in Waterford City? Please tick all relevant areas.

Ballybeg		Dunmore Road		Farran Pk/St. Catherine's Grange	
Ferrybank		Gracedieu / Logloss		Inner City	
Kilcohan/St Herblain/ St John's Pk		Larchville Lisduggan		City Wide	
Waterford City & Environs					

Time table of activities

DAY	TIME		ACTIVITY	NUMBER ATTENDING	LOCATION
	FROM	TO			

SECTION 4: INSURANCE DETAILS

Insurance Company (not Broker) _____ Policy Number _____
 Amount Insured : Property _____ Public Liability _____

SECTION 5: BANK DETAILS

Bank: _____ Account Number: _____
 Bank Address: _____

 Name in which account is held: _____

SECTION 6: PREMISES

Please indicate the Premises used by the Group

Names	Address	Owned/Rented/Leased

YOUTH GROUP REGISTRATION CONDITIONS

Youth Groups must be registered with Waterford Youth Committee (City of Waterford VEC) to avail of services and grants.

Conditions of Registration

- The Youth Group must be situated within the boundaries of Waterford City.
- The Group must have youth work as its primary focus.
- The majority of the group's members must be between the ages of 10-21.
- The Group must provide a range of programmes of a recreational and educational nature on a regular basis.
- The Group should have a voluntary management committee with elected officers.
- The Group must have a bank account in their own name.
- The Group must have adequate insurance cover for all aspects of their programme.
- Records such as income and expenditure, accounts, petty cash, minutes, correspondence, a register of members must be kept. The records must be available to Waterford Youth Committee (City of Waterford VEC) on request.
- The Group must have Child Protection Procedures in operation.
- The Group should have a safety statement.
- At all times the Group should carry out its activities in a safe and responsible manner, in line with health and safety standards.

Declaration: We declare that all of the information submitted on this form is correct.

Signed: _____ Signed: _____

Position Held: _____ Position Held: _____

Date: _____ Date: _____

NB Waterford Youth Committee (City of Waterford VEC) reserve the right to change these regulations as it deems appropriate.

**COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:
WATERFORD YOUTH COMMITTEE OFFICES, OZANAM STREET, WATERFORD**

Tel: (051) 874911

Fax: (051)871448

Email: admin@wyc.ie

Web: www.wyc.ie

OFFICE USE

Registration Pre-Check	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insurance Details	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tax Clearance Ref No.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Detailed Programme	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signed/Dated Form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date Received	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signed _____

Signed _____

NOTES