

# Form for use of Carmelite Property by External Groups



This form must be used in conjunction with the procedures for use of Carmelite property by external groups. The Carmelite Order welcomes other organisations/groups/individuals within the community to use our facilities. While using the Order's facilities, we want to be assured that all reasonable steps have been taken to safeguarding children . The responsibility for complying with good safeguarding practice rests with the group/individual using Church property and not with the Carmelite Order.

As an external group, the Order requires detailed information in respect of your application to ensure that the safety and well-being of children are maintained at all times. This form must be completed by all external groups and given to the Prior before any activity/use of Carmelite Church, Carmelite property, hall, day centre, is agreed and approved.

## Use of Property

Name of the group/orgainsation/activity: \_\_\_\_\_

Purpose or proposed activities: \_\_\_\_\_

User group, e.g. children, adults: \_\_\_\_\_

Facilities required: \_\_\_\_\_

Date of commencement of use: \_\_\_\_\_

Date of completion of use: \_\_\_\_\_

Frequency of use: \_\_\_\_\_

Hours of use (commencing and finishing times): \_\_\_\_\_

## Contact Information

Names, addresses, contact details of persons who will be in charge during use:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Child Safeguarding

Do you have your own Child Safeguarding Statement in place (legal requirement for 'relevant services' under the Children First Act 2015)?  Yes  No

Has this Child Safeguarding Statement been reviewed by the Compliance Unit in Tusla?  
 Yes  No

Do you have a Child Safeguarding Policy and Procedures in place?  Yes  No

## Insurance

Do you have appropriate (public liability and/or employer's liability and professional indemnity if appropriate) insurance cover for the activity?  Yes  No

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Period of cover of the Policy: \_\_\_\_\_

Limit of Indemnity: \_\_\_\_\_

I/we declare that the information provided is accurate and any changes in circumstances will be communicated to the Prior. I/we declare that the activity will be terminated if there is any breach of the above conditions.

To be signed by official/co-ordinator of the external organisation/ group.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission

*To be completed by the local Prior*

I give/do not give permission for this activity to go ahead.

Signed Prior: \_\_\_\_\_ Date: \_\_\_\_\_

This activity will be reviewed by the Prior and/or his Designated Representative annually.

The Order will not require sight of nor retain copies of external groups' policies or procedures.