 ***EXCLUDED ACTIVITIES***

# INSURANCE FORM

## THIS FORM SHOULD BE USED WHEN APPLYING FOR INSURANCE

**COVER FOR ACTIVITIES WHICH ARE EXCLUDED FROM THE**

**YOUTH WORK IRELAND INSURANCE SCHEME. WHETHER THEY INVOLVE CLUB MEMBERS ONLY AND / OR ARE OPEN TO THE PUBLIC. PLEASE NOTE THAT FOR THE FOLLOWING EXCLUDED ACTIVITIES, PUBLIC DISCOS AND SUMMER PROJECTS, THERE ARE SEPARATE FORMS. APPLICATIONS SHOULB BE RECEIVED BY THE YOUTH WORK IRELAND AT LEAST *TEN (10) WORKING DAYS* IN ADVANCE OF THE ACTIVITIY. IF COVER IS AVAILABLE THE ADDITIONAL PREMIUM *MUST BE PAID IMMEDIATELY*.**

NAME OF YOUTH CLUB:--------------------------------------------------------------------------------------------------------------------------------

PERSON MAKING APPLICATION:-------------------------------------------------------------------------------------------------------------------

### ADDRESS:---------------------------------------------------------------------------------------------------------------------------------------------------

---------------------------------------------------------------- TELEPHONE NUMBER:-------------------------------------------

TYPE OF ACTIVITY / EVENT:--------------------------------------------------------------------------------------------------------------------------

DETAILS:-----------------------------------------------------------------------------------------------------------------------------------------------------

DATE OF ACTIVITY:--------------------------------------------------- TIME:---------------------------------------------------------

**VENUE:-------------------------------------------------------------------------------------------------------------------------------------------------------**

**FULL ADDRESS OF VENUE:--------------------------------------------------------------------------------------------------------------------------**

**---------------------------------------------------------------- OWNER OF VENUE:----------------------------------------------------------**

**TOTAL NUMBER IN ATTENDANCE: ESTIMATE ----------------- TOTAL NUMBER SUPERVISING: ------------------**

**Club Leaders: ----------- Helpers: --------------**

**CLUB MEMBERS (AGE RANGES): (under 21) -------------- (12 – 21) ---------------**

**MEMBERS OF THE PUBLIC: (under 21) --------------- (12 – 21) --------------**

**WILL INSTRUCTORS OR TRAINERS BE IN ATTENDANCE: 🞎 YES 🞎 NO**

**IF YES, PLEASE GIVE DETAILS:------------------------------------------------------------------------------------------------------**

**WILL THERE BE A COVER CHARGE: 🞎 YES 🞎 NO HOW MUCH:---------------------**

**WILL FOOD & DRINK BE PROVIDED: 🞎 YES 🞎 NO**

**IF YES, PLEASE GIVE DETAILS:------------------------------------------------------------------------------------------------------**

**WILL ALCOHOL BE PROVIDED: 🞎 YES 🞎 NO**

**IF YES, PLEASE GIVE DETAILS:------------------------------------------------------------------------------------------------------**

**I CONFIRM THAT THIS INFORMATION IS ACCURATE:**

***SIGNED ON BEHALF OF YOUTH CLUB:----------------------------------------- DATE:------------------------------***

**TO BE COMPLETED BY REGIONAL OFFICE:**

###### SIGNED ON BEHALF OF REGION: ------------------------------------------------ DATE: ------------------------------

#### COVER CANNOT BE GUARANTEED IF THE APPROPRIATE TIME FRAME IS NOT OBSERVED

##### ALL FORMS MUST BE FORWARDED TO YOUR REGIONAL YOUTH SERVICE OFFICE

**FAUSTINA MONAGHAN**

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