# SUMMER PROJECT

# INSURANCE FORM 2022

THIS FORM SHOULD BE USED TO APPLY FOR INSURANCE COVER

FOR SUMMER PROJECTS. IT MUST BE RECEIVED BY YOUTH WORK IRELAND

**By May 20th for all Summer Projects Taking place from June 1st to June 30th**

**By June 15th for all Summer Projects Taking place from July 1st to July 31st**

**By July 15th for all Summer Projects Taking place from August 1st to August 31st**

OTHERWISE INSURANCE COVER CANNOT BE GUARANTEED.

**YOUTH CLUB / PROJECT:**

NAME:-----------------------------------------------------------------------------------------------------------------------------------------------

ADDRESS:-----------------------------------------------------------------------------------------------------------------------------------------

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

**DATES OF PROJECT:**

START DATE:------------------------------------------------ FINISH DATE:------------------------------------------------------

NO. OF WEEKS: ------------------------ NO. OF DAYS (IF NOT FULL WEEKS: -------------------------

**PARTICIPANTS:**

NO. OF YOUTH CLUB MEMBERS: ------------------- AGE RANGE:--------------------

NO. OF NON CLUB MEMBER: -------------------------- AGE RANGE: -------------------

TOTAL NUMBER OF PARTICIPANTS PER WEEK: -----------------

**LEADERS:**

NO. OF YOUTH CLUB LEADERS: ------------------- U 21:---------------- O 21:------------------

NO. OF RECRUITED LEADERS: --------------------- U 21:---------------- O 21: -----------------

LEADER TO PARTICIPANT RATIO YOU INTEND TO HAVE: --------- : ----------

**VENUES:**

NAME OF VENUE:-------------------------------------------------------------------------------------------------------------------------------

FULL ADDRESS:---------------------------------------------------------------------------------------------------------------------------------

NAME OF VENUE: ------------------------------------------------------------------------------------------------------------------------------

FULL ADDRESS: -------------------------------------------------------------------------------------------------------------------------------

NAME OF VENUE: -----------------------------------------------------------------------------------------------------------------------------

FULL ADDRESS: -------------------------------------------------------------------------------------------------------------------------------

NAME OF VENUE:-------------------------------------------------------------------------------------------------------------------------------

FULL ADDRESS:---------------------------------------------------------------------------------------------------------------------------------

LIST OF ACTIVITIES: (PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE)

1. -----------------------------------------------------------------------------------------------------------------------------------------------
2. -----------------------------------------------------------------------------------------------------------------------------------------------
3. -----------------------------------------------------------------------------------------------------------------------------------------------
4. -----------------------------------------------------------------------------------------------------------------------------------------------
5. -----------------------------------------------------------------------------------------------------------------------------------------------
6. -----------------------------------------------------------------------------------------------------------------------------------------------
7. -----------------------------------------------------------------------------------------------------------------------------------------------
8. -----------------------------------------------------------------------------------------------------------------------------------------------
9. -----------------------------------------------------------------------------------------------------------------------------------------------
10. -----------------------------------------------------------------------------------------------------------------------------------------------
11. -----------------------------------------------------------------------------------------------------------------------------------------------
12. -----------------------------------------------------------------------------------------------------------------------------------------------

TRAINERS / INSTRUCTORS:

1. NAME:--------------------------------------------- QUALIFICATION: ------------------------------------------------
2. NAME: -------------------------------------------- QUALIFICATION: -----------------------------------------------
3. NAME: -------------------------------------------- QUALIFICATION: -----------------------------------------------

DO THEY HAVE THEIR OWN INSURANCE: 🞎 YES 🞎 NO

* + THE YOUTH CLUB / PROJECT MUST CHECK THAT THE TRAINERS / INSTRUCTORS HAVE INSURANCE APPROPRIATE TO THE ACTIVITY FOR WHICH THEY ARE ENGAGED.

***THIS FORM SHOULD BE RETURNED TO YOUR MEMBER YOUTH SERVICE.***

***INSURANCE COVER CANNOT BE GUARANTEED IF THE TIMEFRAME IS NOT OBSERVED.***

**FAUSTINA MONAGHAN**

**YOUTH WORK IRELAND**

**20 LOWER DOMINICK STREET**

**DUBLIN 1.**

**EMAIL:** **fmonaghan@youthworkireland.ie**