

## Renting a Hall

Parish of \_\_\_\_\_

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 Archdiocese of Cashel & Emly has clear policies and procedures in relation to safeguarding children. Any group/organisation operating under the name/auspice of the Archdiocese must comply with the Diocesan requirements.

However, 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.

Please indicate when additional information is provided in support of your application.

Definition – The term child refers to those under the age of 18 years.

Name of Group / Organisation: \_\_\_\_\_

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: (1) Commence at \_\_\_\_\_(a.m. / p.m.). (2) Finish at \_\_\_\_\_(a.m. / p.m.)

Name and addresses of persons who will be in charge during use:

(1) \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

(2) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Commitment to good practice:**

Do you have a policy statement and procedures on the safeguarding of children and young people? Yes  No

**Insurance:**

Do you have appropriate insurance cover for the activity? Yes  No

Name of Insurer: ..... Policy Number: .....

Period of Insurance - From: ..... Expiry Date: .....

Please provide a copy of your insurance policy and/or a letter from your insurer establishing that you have adequate cover in force for the activity in question.

**To be signed by official / co-coordinator of the organisation/group.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Parish Use Only**

Evidence of insurance received: a) copy of insurance policy: Yes  No

b) letter from renter's insurer: Yes  No

Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

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