

**COISTE GAIRMOIDEACHAIS CHONTAE CHILL CHAINNIGH
COUNTY KILKENNY VOCATIONAL EDUCATION
COMMITTEE**



Facilitating Quality Teaching and Learning

**APPLICATION FORM FOR REGISTRATION OF
YOUTH WORK CLUBS/GROUPS/ORGANISATIONS**

Youth officers have been appointed to all VECs arising from the Government's implementation of the Youth Work Act, 2001.

Definition of YOUTH WORK

A planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young persons through their voluntary participation, and which is complementary to their formal academic or vocational education and training
Youth Work Act, 2001

Registration with the VEC is the first step in the co-ordination of youth work provision in a VEC area. Registration is a **voluntary process**. The **benefits** of registration are that it will give youth work organisations access to training, networking, support and information sharing.

Please Note: The **Registration Conditions** are outlined in the final page of this Application Form. Your application to register with the VEC will be reviewed and you will be contacted by the youth officer.

For the purposes of this application form, the term '**youth work group**' includes youth clubs, uniform youth groups, specialist youth work groups and all other groups who deliver youth work as defined in the Youth Work Act, 2001.

If you have any queries regarding Registration, please contact:

**Saoirse Prendergast,
Youth Officer,
County Kilkenny VEC,
Seville Lodge,
Callan Road,
Kilkenny**

Tel: 056 7770966 sprendergast@kilkennyvec.ie

Thank you for your co-operation.



VEC REGISTRATION APPLICATION FORM: SECTION 1

A APPLICANT DETAILS

1. Name of Youth Club/Group/Organisation

2. Address of meeting place

3. Please indicate the ownership status of the meeting place

Owned by the group . Rented by the group .

Leased by the group . Paid by the hour .

4. Contact details of the Club Official submitting this application

Name _____

Address: _____

Tel: _____ E-mail _____

Position in group _____

5. Please give details for **2** alternate contacts

Name _____

Address: _____

Tel: _____ E-mail _____

Position in group _____

Name _____

Address: _____

Tel: _____ E-mail _____

Position in group _____

B DETAILS OF YOUTH WORK GROUP

6. Please indicate the group category which you fit into best

- a) Youth Work Clubs and Groups _____
- b) Uniform Youth Work Groups _____
- c) Other Specialist Youth Work Groups _____ (see Q.7)
- d) Staffed Project _____
- e) Other _____ (see Q.7)

7. If you ticked **c)** or **e)** in **Q. 6**, please describe your youth work group below

8. When was your local youth work group formed? _____

9. Is your youth work group affiliated to a national organisation?

Yes No

10. If yes, please give name of organisation

11. What does your youth work group aim to achieve in its work with young people?

12. What is the youth work group's policy in relation to young people joining?

C MEMBERSHIP DETAILS

13.	Give details of group leaders	Male	Female
	Junior Leaders (U 18 yrs)	<input type="text"/>	<input type="text"/>
	18-25 years	<input type="text"/>	<input type="text"/>
	Over 25 years	<input type="text"/>	<input type="text"/>
	Total Leaders	<input type="text"/>	<input type="text"/>
14.	Give details of members		
	Under 10 years	<input type="text"/>	<input type="text"/>
	10-14 years	<input type="text"/>	<input type="text"/>
	15-19 years	<input type="text"/>	<input type="text"/>
	20-24 years	<input type="text"/>	<input type="text"/>
	25 years and over	<input type="text"/>	<input type="text"/>
	Total Members	<input type="text"/>	<input type="text"/>
15.	Please indicate where your members come from		
	Local Area	<input type="checkbox"/>	
	Countywide	<input type="checkbox"/>	
	Specifically Targeted Group/s	<input type="checkbox"/>	

D YOUTH WORK ACTIVITIES

16. Please tick the activities and/or projects your group is involved in

Arts and Crafts	<input type="checkbox"/>	Citizenship/Social Action Projects	<input type="checkbox"/>
Badge Work	<input type="checkbox"/>	Community/Environmental Projects	<input type="checkbox"/>
Computers	<input type="checkbox"/>	Faith Development	<input type="checkbox"/>
Dance/Music	<input type="checkbox"/>	Interclub activities	<input type="checkbox"/>
Disco	<input type="checkbox"/>	Outdoor Pursuits	<input type="checkbox"/>
Drama/Theatre	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Gaisce Award	<input type="checkbox"/>	Summer Programmes/Camps	<input type="checkbox"/>
Group Games	<input type="checkbox"/>	Youth Exchanges	<input type="checkbox"/>
Outings/Trips	<input type="checkbox"/>	Social & Personal Dev Programmes	<input type="checkbox"/>
Photo/Video/ Film	<input type="checkbox"/>	Diversity/Intercultural Programmes	<input type="checkbox"/>

17. If there are other group activities not listed in Q. 16, please specify

18. Please give details of your group's activities in table below

Day	Time From	Time To	Detail of Activities	No. attending	Location

E MANAGEMENT

19. Please describe how your youth work group is managed

20. Are young people involved in the management of the group?

Yes No

21. If yes to Q. 20, please give details

22. Does the group have a written constitution? Yes ___ No ___

23. Is there a recruitment and selection process for volunteer leaders?

Yes ___ No ___

24. Does the group provide leadership training Yes ___ No ___

25. Have any of your current volunteer leaders participated in Child Protection training?

Yes ___ No ___

25. If yes, how many leaders participated?

26. Does the group have a Child Protection Statement and Procedures?

Yes ___ No ___

27. Does the group have a designated Child Protection person?

Yes ___ No ___

28. Does the group have an equality, anti-racism and diversity policy?

Yes ____ No ____

29. Has your youth work group procedures in place for Garda Vetting of all new leaders? Yes ____ No ____

30. Please give details of any financial accounts held by your group?

Account Name	Bank/Credit Union / Post Office	Sort code	Account Number

31. Does your group have insurance? Yes ____ No ____

32. Are you insured through a larger organisation to which you are affiliated, e.g. Foróige, Scouting Ireland, YouthWork Ireland Yes ____ No ____

33. If yes, please give name of organisation.

34. If your group arranges insurance cover independently, please give name of insurance company and the type of cover

I certify that the information given in this application form for registration with the VEC is true and correct.

Signed _____ Date _____

**Please return this form to
Saoirse Prendergast, Youth Officer, Co Kilkenny VEC, Seville Lodge, Callan Road, Kilkenny.**

Thank you for your co-operation.

VOLUNTARY YOUTH WORK GROUP REGISTRATION CONDITIONS. (FOR GROUPS COMPLETING SECTION 1)

Voluntary Youth Club/Groups must be registered with *County Kilkenny VEC* to avail of services and grants.

Conditions for Registration

- The Youth Work Group must be situated within the boundaries of *County Kilkenny VEC* catchment area.
- The Youth Work Group must have youth work as its primary focus.
- The Youth Work Group must be a voluntary one and all participation must be of a voluntary nature.
- The Youth Work Group must have at least 8 members. The majority of which must be between the ages of 10-21.
- The Youth Work Group must provide a range of programmes of a recreational and educational nature on a regular basis.
- The Youth Work Group should have at least two voluntary adult youth leaders working with a maximum of ten members and a minimum ratio of at least 1 to 10 with additional numbers of young people.
- The Youth Work Group should have a voluntary management committee.
- The Youth Work Group must have a bank account in their own name.
- The Youth Work Group must have adequate insurance cover for all aspects of their programme.
- Records such as income and expenditure, accounts, petty cash, minutes, correspondence and a register of members must be kept. The records must be available to *County Kilkenny VEC* on request.
- The Youth Work Group must have Child Protection Procedures.
- The Youth Work Group should have a safety statement (where the group owns the premises).
- At all times the Youth Work Group must carry out its activities in a safe and responsible manner.
- The Youth Work Group must agree to *County Kilkenny VEC* regulations.

We the undersigned agree to comply with County Kilkenny VEC regulations and conditions concerning Youth Groups and Grant Aid. Furthermore I confirm that the details supplied in this Application Form are accurate.

Signed: _____

(On behalf of the Group)

Position Held: _____

Date: _____

N.B. **County Kilkenny VEC** reserve the right to change these regulations as it deems appropriate.

Office Use.

Registration Pre-Check	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Insurance Details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tax 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"/>	Site Visited	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Presented with a Grant Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Group Category	Yes <input type="checkbox"/>	No <input type="checkbox"/>