

(A) REGISTRATION FORM FOR COMMUNITY AND VOLUNTARY GROUPS

1.0 GROUP CONTACT DETAILS

1.1 NAME & ADDRESS OF GROUP:

1.2 TOWNLAND:

NOTE 1: IF YOUR GROUP DOES NOT HAVE A FIXED LOCATION WHERE MEETINGS ETC TAKE PLACE, PLEASE PROVIDE THE TOWNLAND ADDRESS OF THE MAIN CONTACT PERSON. (PLEASE SEE LIST OF TOWNLANDS ATTACHED)

1.3 TELEPHONE: 1.4 MOBILE:

1.5 FAX: 1.6 EMAIL:

1.7 WEB:

2.0 COMMITTEE DETAILS

2.1 CHAIRPERSON NAME:

2.2 SECRETARY NAME:

2.3 TREASURER:

2.4 DESCRIPTION OF COMMITTEE:
(i.e. AIM(S) OF GROUP)

2.5 SET UP DATE:

2.6 LEGAL STATUS OF GROUP:

NOTE 2: PLEASE STATE IF GROUP IS A CHARITY, A LIMITED COMPANY, BRANCH ETC

2.7 DOES YOUR GROUP HAVE? (PLEASE TICK APPROPRIATE BOXES)

1. A CONSTITUTION:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2. AIMS & OBJECTIVES:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
3. MEMORANDUM & ARTICLES OF ASSOCIATION:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

2.8 HOW OFTEN DOES THE GROUP MEET?
(I.E. WEEKLY, MONTHLY, ANNUALLY)

2.9 CAN YOU PLEASE SPECIFY THE DATE OF THE LAST AGM?

2.10 ARE THERE ANY WORKING GROUPS OR SUBGROUPS? YES NO
 IF YES, PLEASE SUPPLY DETAILS

2.11 (A) IS YOUR GROUP AWARE OF THE EXISTENCE OF THE FOLLOWING COMMUNITY STRUCTURES IN COUNTY DONEGAL ?

COMMUNITY FORUM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
SOUTH FORUM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
INISHOWEN	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
GAELTACHT FORUM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
NORTH FORUM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
EAST FORUM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
OTHER	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

(PLEASE SPECIFY)

(B) IF YOU ARE NOT A MEMBER OF ANY OF THE ABOVE, WOULD YOU LIKE TO JOIN YOUR NEAREST AREA FORUM ? YES NO

2.12 (a) WHAT GEOGRAPHICAL AREA DOES YOUR GROUP SERVE *(i.e. PROVIDE ITS SERVICES TO?)* Note 3

(b) IS YOUR GROUP ISSUE SPECIFIC *i.e. SET UP TO ADDRESS ISSUES LIKE UNEMPLOYMENT, OLDER PEOPLE, WOMEN, YOUTH, DISABILITY?* YES NO

IF YES, CAN YOU PLEASE INDICATE FROM THE LIST BELOW THE MAIN FOCUS OF YOUR GROUP?

WOMENS	<input type="checkbox"/>	HERITAGE	<input type="checkbox"/>	ENVIRONMENT	<input type="checkbox"/>
MEN	<input type="checkbox"/>	YOUTH	<input type="checkbox"/>	DISABILITY	<input type="checkbox"/>
SPORTS & RECREATION	<input type="checkbox"/>	DEVELOPMENT	<input type="checkbox"/>	CULTURE	<input type="checkbox"/>
COMMUNITY DEVELOPMENT	<input type="checkbox"/>	TRAVELLERS	<input type="checkbox"/>	RELIGIOUS	<input type="checkbox"/>
EX PRISONERS	<input type="checkbox"/>	OLDER PEOPLE	<input type="checkbox"/>	ENTERPRISE	<input type="checkbox"/>
CHILDCARE / PLAY GROUP	<input type="checkbox"/>	TOURISM	<input type="checkbox"/>	RURAL TRANSPORT	<input type="checkbox"/>
HOUSING / RESIDENTIAL ASSOCIATION	<input type="checkbox"/>	FESTIVAL	<input type="checkbox"/>	PARISH COUNCIL	<input type="checkbox"/>
REFUGEES / ASYLUM SEEKERS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		

(PLEASE SPECIFY)

Note 3: Please insert if possible Town land, Electoral Division, Electoral Area, County.