



**Leitrim County Childcare Committee**  
**Application form for Summer Scheme Grants**

**1. Name of Group:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Contact No:** \_\_\_\_\_

**2. Committee Membership:**

**Name:**

**Address:**

**Chairperson:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_

**3. What Child Protection procedures are in place?**

\_\_\_\_\_  
 \_\_\_\_\_

**4. Please specify what dates your summer scheme will run for:**

\_\_\_\_\_

**5. How many days in total will the summer scheme be open?**

\_\_\_\_\_

**6. How many children will access the summer scheme project?** \_\_\_\_\_

\_\_\_\_\_

**7. How much is charged per child to attend the Summer Project?**

\_\_\_\_\_

**8. How many families will avail of a reduced rate for the Summer Project?**

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**9. How are children and young people recruited to the Summer Project?**

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**10. Have you many children referred from other agencies? e.g. St. Vincent de Paul, HSE, Teachers**

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**11. How many children will be attending the Summer Project that are not part of the regular childcare service?**

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**12. How are you targeting disadvantage in your Summer Scheme?**

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**13. Are you supporting children with Special Needs?**

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**14. What is the age range of the children who will be accessing this service?**

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**15. Number of Staff to run Summer Project**

**Paid Staff**                    \_\_\_\_\_

**Unpaid Staff**                \_\_\_\_\_

**CE Staff**                     \_\_\_\_\_

**Volunteers**                 \_\_\_\_\_

**Tutors**                        \_\_\_\_\_

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**16. Please give details of your Summer Project below: (you may attach additional sheets if you wish)**

<b>Weeks</b>	<b>Dates</b>	<b>Number of hours per week</b>	<b>Number of young people</b>	<b>Main activities</b>
<i>E.g.</i> Week one	5 <sup>th</sup> -9 <sup>th</sup> July	30 hours (10am-4pm each day)	30	<i>Workshops in centre:</i> Arts & crafts / group games / football tournament / baking / gardening  <i>Trips out:</i> Adventure centre / beach / pet farm / orienteering / swimming
<b>Week one</b>				
<b>Week two</b>				
<b>Week three</b>				
<b>Week four</b>				

17. How does the above differ from your week to week activities?

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18. Please give breakdown details how this funding will be spent:

Breakdown of cost	EURO

19. Who is your current childcare/youth service insured by? Can it be extended to cover your Summer Scheme? Can you give name of insurer and policy number? (You may want to check with your insurance company that your Summer Scheme is covered)

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20. Groups should make every effort to provide their own insurance but if you are unable to extend your current insurance, please contact Leitrim County Childcare Committee Development Worker for support.

21. If your Summer Scheme Project is open to children under 6 years you are obliged to notify the Health Service Executive North West Preschool Inspection Team in writing. Tel: 0719155100

22. Amount of grant being sought? \_\_\_\_\_

*Signature of Applicant:* ..... *Date:* .....

*Please forward completed application form to Leitrim County Childcare Committee,  
Laird House, Church Street, Drumshanbo, Co. Leitrim.  
Closing date for applications is \*\*\*\*\**

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