





County Kildare LEADER Partnership CLG TÚS Programme

Placement Provider Group Application 2023

CONTACT DETAILS

Name of Placement Provider:
Legal Status:
(Limited company, Cooperative, affiliated to national organisation etc.)
Contact Name:
Contact Address:
Contact Telephone:
WORK SCHEDULE & JOB DESCRIPTION:
Please indicate the area of work as per the explanatory sheet on page 4
Total number of participants sought to undertake the proposed work:
Are you looking to fill more than one type of job role? (for example an office admin role and a caretaker role) Yes \square No \square
If Yes is selected, please provide details of what job roles you are looking to fill and the number of people required for each role







Please indicant the expected duration of work below
Less than a year A year or more Ongoing for the foreseeable future
Commencement date for the work.
Is this work currently being carried out in a paid capacity? Yes No
If Yes is selected, please provide details:
Does your group have a Community Employment Scheme/ Rural Social Scheme/Job Initiative Scheme participant in your area? Yes \Backslash No \Backslash
If Yes is selected, please provide details:
What training (if any) do you propose to offer participants who are successful in securing a position with your community/voluntary group?
Please provide a job description and details of the work required for each job role required (for example an individual description and details of the work required by an admin and then description and details of the work required caretaker)
Job Description and details for Position 1
Job Title:
Details of the required duty's







Job Description and details for Position 2 (if required)

Job Title:
Details of the required duty's
Job Description and details for Position 3 (if required)
Job Title:
Details of the required duty's
County Kildare LEADER Partnership CLG will undertake a site visit to all proposed work project(s). The selection and sequencing of work projects under the TUS Scheme will be at the sole discretion of County Kildare LEADER Partnership CLG.
I/ We confirm that the details supplied are true and correct to the best of my/our knowledge. I/We have read the CKLP privacy statement and consent to the collection and processing of my data as outlined therein.
Signature:
Name in Block Capitals:
Date:/