

**Cavan County Council  
ARTS AWARDS**

**Application Form**

For projects taking place between April 2014 and March 2015

**Deadline for submission of completed application: 14 February 2014**

**\*Please read the guidelines and application checklist before completing this form\***

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**Section A**

1. Name and Address of Organisation, Group or Individual:

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2. Name and Address of Secretary or Applicant if different from above:

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3. Contact Details

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Web: \_\_\_\_\_

Please detail the structure of your organisation e.g. Chair, Secretary, Treasurer etc.  
*Please list the names and contact details of your officers.*

Chair: \_\_\_\_\_

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

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

PRO: \_\_\_\_\_

Child Protection Officer: \_\_\_\_\_

4. Tick the award for which you are applying  
*Please refer to the guidelines for information on the relevant category*

- Professional Development Award
- Arts Education and Participation Award
- Arts Development Award
- Tyrone Guthrie Award
- Youth Theatre Group Award

**Section B**

1. Does your organisation have a Child Protection Policy?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

*If yes please refer to question 2*

2. Does your organisation require your volunteers/committee members to read and sign Child Protection Policy?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

*If your application involves working with young people you must have a Child Protection Policy and follow current Best Practise Guidelines.*

3. If you are organising a festival or event please state whether you have a Health and Safety Plan in place.

(If you are organising an event you MUST have a H and S plan in place)

4. Please use bullet points to state your organisational Mission Statement or your Individual Artistic Objectives:

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3. Bank Details:

Name and Address:

\_\_\_\_\_

Bank Sort Code: \_\_\_\_\_

Bank Account No. \_\_\_\_\_

*Please include a recent statement*

**Section D**

Have you made any other funding applications for this project/event?

*If yes please give details of the amount and the agency to which you have applied.*

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

*NB: If you have previously received funding from Cavan County Council please include examples with your application of how you acknowledged this funding i.e. posters, press, tickets or programmes.*

**Section E**

What amount are you requesting from Cavan County Council?

\_\_\_\_\_

I hereby state that the information given in this form is accurate and true to the best of my knowledge. I have included supporting documentation, as outlined in the application checklist, and I am aware of Cavan County Council Award Guidelines.

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

Position in Organisation: \_\_\_\_\_

**Section F**

Name of Event	
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Date of Event	
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Organiser/s Contact Tel.	
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Expected No of Attendees	
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Indoor Event		Outdoor Event	
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Completed By		Date:	
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### Planning and management:

1. Does this event require a risk assessment?

Yes		No	
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Has one been carried out?

Yes		No	
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***If the event requires a Risk Assessment one must be carried out by a competent person.***

Post application forms to:

Cavan County Council Arts Office  
ARTS AWARDS  
Farnham Centre  
Farnham Street  
Cavan  
Co. Cavan

Please note: Applications via email are not accepted.

