

## (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

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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"/>

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(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"/>		

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(PLEASE SPECIFY)

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

## (A) FOIRM CHLÁRÚCHÁIN DO GHRÚPAÍ POBAIL AGUS DEONACHA

### 1.0 SONRAÍ TEAGMHÁLA AN GHRÚPA

1.1 AINM & SEOLADH AN GHRÚPA:

1.2 BAILE FEARAINN:

**NÓTA 1:** MURA BHFUIL IONAD SEASTA DO CHRUIINNITHE & RL AG AN GHRÚPA, TABHAIR SEOLADH BHAILE FEARAINN AN TEAGMHÁLAÍ PRÍOMHA, LE DO THOIL. LIOSTA NA MBAILTE FEARANN FAOI IAMH.)

1.3 TEILEAFÓN:

1.4 FÓN PÓCA:

1.5 FACS:

1.6 RÍOMHPHOST:

1.7 SUÍOMH GRÉASÁIN:

### 2.0 SONRAÍ AN CHOISTE

2.1 AINM AN CHATHAOIRLIGH:

2.2 AINM AN RÚNAÍ:

2.3 CISTEOIR:

2.4 CUR SÍOS AR AN CHOISTE:  
(i.e.. AIDHM(-EANNA) AN GHRÚPA)

2.5 DÁTA BUNAITHE:

2.6 STÁDAS DLITHIÚIL AN GHRÚPA:

**NÓTA 2:** LÉIRIGH CÉ ACU STÁDAS CARTHANACH, CUIDEACHTA THEORANTA, CRAOBH & RL. ATÁ AG AN GHRÚPA

2.7 BHFUIL SIAD SEO A LEANAS AG DO GHRÚPA? (CUIR TIC SNA BOSCAÍ CUI, LE DO THOIL)

1. BUNREACTH: TÁ  NÍL

2. AIDHMEANNA & SPRIOCANNA TÁ  NÍL

3. MEABHRÁN & AIRTEAGAIL CHOMHLACHAIS: TÁ  NÍL

2.8 CÉ CHOMH MINIC IS A CHASANN AN GRÚPA LE CHÉILE?  
(i.e.. UAIR SA TSEACHTAIN, SA MHÍ, SA BHLIAIN)

2.9 DÁTA AN CHRUINNIÚ GINEARÁLTA BLIANTÚIL DEIREANACH?

2.10 BHFUIL MEITHLEACHA OIBRE NÓ FOGHRÚPAÍ AR BITH AG AN GHRUPA? TÁ  NÍL   
MÁ TÁ, TABHAIR SONRAÍ, LE DO THOIL

2.11 (A) BHFUIL DO GHRÚPA EOLACH AR NA STRUCHTÚIR POBAIL SEO A LEANAS I GCONTAE DHÚN NA NGALL?

FÓRAM POBAIL	TÁ	<input type="checkbox"/>	NÍL	<input type="checkbox"/>
FÓRAM AN DEISCIRT	TÁ	<input type="checkbox"/>	NÍL	<input type="checkbox"/>
FÓRAM INIS EOGHAIN	TÁ	<input type="checkbox"/>	NÍL	<input type="checkbox"/>
FÓRAM NA GAELTACHTA	TÁ	<input type="checkbox"/>	NÍL	<input type="checkbox"/>
FÓRAM AN TUAISCIRT	TÁ	<input type="checkbox"/>	NÍL	<input type="checkbox"/>
FÓRAM AN OIRTHIR	TÁ	<input type="checkbox"/>	NÍL	<input type="checkbox"/>
EILE	TÁ	<input type="checkbox"/>	NÍL	<input type="checkbox"/>

(SONRAIGH LE DO THOIL)

(B) MURA BHFUIL BALLRAÍOCHT AG AN GHRÚPA IN AON CHEANN DÍOBH SIN THUASLUAITE, AR MHAITH LIBH BALLRAÍOCHT A GHLACADH SAN FHÓRAM IS CÓNGARAÍ DÍBH? BA MHAITH  NÍOR MHAITH

2.12 (a) CÉN CEANTAR GEOGRAFACH A CHUIREANN DO GHRÚPA A SEIRBHÍSÍ AR FÁIL DÓ? Nota 3

(b) BHFUIL FÓCAS AR LEITH AG DO GHRÚPA *i.e. BUNAITHE FÁ CHOINNE DUL I NGLEIC LE SAINCHEISTEANNA MACASAMHAIL DÍFHOSTAÍOCHT, DAOINE AOSTA, MNÁ, AN T-AOS ÓG, DAOINE LE MÍCHUMAS & RL.?* TÁ  NÍL

MÁ TÁ, LÉIRIGH PRÍOMHFHÓCAS AN GHRÚPA ÓN LIOSTA THÍOS?

MNÁ	<input type="checkbox"/>	OIDHREACT	<input type="checkbox"/>	AN TIMPEALLACHT	<input type="checkbox"/>
FIR	<input type="checkbox"/>	AN TAOS ÓG	<input type="checkbox"/>	DAOINE LE MÍCHUMAS	<input type="checkbox"/>
SPÓRT & CAITHEAMH AIMSIRE	<input type="checkbox"/>	FORBAIRT	<input type="checkbox"/>	CULTÚR	<input type="checkbox"/>
FORBAIRT POBAIL	<input type="checkbox"/>	AN LUCHT SIÚIL	<input type="checkbox"/>	CÚRSAÍ CREIDIMH	<input type="checkbox"/>
IARPHRÍOSÚNAIGH	<input type="checkbox"/>	DAOINE AOSTA	<input type="checkbox"/>	FIONTAR	<input type="checkbox"/>
CÚRAM PÁISTÍ/GRÚPA SÚGARHTHA	<input type="checkbox"/>	TURASÓIREACT	<input type="checkbox"/>	CÓRAS TAISTIL TUAITHE	<input type="checkbox"/>
COMHAIRLE PARÓISTE	<input type="checkbox"/>	FÉILE	<input type="checkbox"/>	CUMANN TITHÍOCHTA/CÓNAITHEACH	<input type="checkbox"/>
DÍDEANAITHE/IARRTHÓIRÍ TEARMANN	<input type="checkbox"/>				
EILE	<input type="checkbox"/>				

(SONRAIGH LE DO THOIL)

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