



Bon Secours Health System

# COMMUNITY INITIATIVE FUND

## Application Form

Full Legal Name of Organisation:.....

Contact Person:.....

Role within the Organisation:.....

Contact Email: .....

Contact Phone Number:.....

Organisation Address: .....

.....

.....

## ABOUT YOUR ORGANISATION

Please describe the governance arrangements of your organisation:

Is your organisation registered with the Charities Regulator in Ireland? Yes ☐ No ☐

If yes, what is your Irish Charity Regulator issued Registration number:

Has your organisation received Community Initiative Funding in the past? Yes ☐ No ☐

If yes, please indicate when and for what initiative: \_\_\_\_\_

Of the people who work with/for your organisation, please indicate how many do so as a volunteer:

<25% ☐ 25% - 50% ☐ 50% - 75% ☐ >75% ☐

Does your organisation use third-party professional funding-raising services? Yes ☐ No ☐

## ABOUT YOUR INITIATIVE

This is your opportunity to describe the initiative for which you are seeking funding, detailing why this initiative is being undertaken, who will deliver it, and who will benefit from it. If the need for your initiative is evidence-based, please include that here.

What particular social need will this initiative address, and what is the anticipated impact of the initiative in respect of that need? How do you propose to evidence the impact?

How long will your initiative take to deliver? Will you collaborate with other organisations to deliver it? Will the initiative be sustained beyond any funding received from Bon Secours Health System?

Please itemise the cost of the individual elements of your initiative in the table below.

Item	Total Cost	Funding Sought from Community Initiative Programme
	€	€
	€	€
	€	€
	€	€
	€	€
Total	€	€

Please indicate if you have received funding, or are applying for funding from other sources for this initiative:

Source	Amount	Secured	Promised	Applied for
	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DECLARATION

1. I confirm that all the information given is true and accurate and that any funding awarded will be used for the sole purposes for which it was given, and within 12 months of it being awarded.
2. I agree to submit a short report, including photographs as appropriate, detailing the impact of funding received from Bon Secours Health System. (This applies in instances where funding provided exceeds €1,000).
3. I consent to the information on this form being handled in accordance with the Bon Secours Health System DataManagement Policy (available at [www.bonsecours.ie/data-protection-and-privacy](http://www.bonsecours.ie/data-protection-and-privacy)).
4. I attach a copy of the valid Child Protection Policy, which has been approved and signed by the management of our group / organisation (where initiative involves children).
5. I consent to the use of an image depicting presentation of any donation that may be provided by Bon Secours Health System on Bon Secours Health System social media and in its annual Community Benefit Outreach Report.
6. I attach a copy of this organisation's most recently published Annual Report.
7. I accept that the Bon Secours Health System reserves the right to decline any Funding Application and that all adjudications on funding applications are final.
8. I confirm I have read and agree to the Community Initiative Fund data protection statement.\*

### Primary Applicant Details

Name: ..... Date: .....

Position: .....

### Supporting Applicant Details

Name: ..... Date: .....

Position: .....

## \*Community Initiative Fund Data Protection Statement

In compliance with Bon Secours Health System, CLG ('BSHS') data protection obligations, all application forms and personal information submitted to BSHS will be kept only for purposes relating to the administration of the Community Initiative Fund. BSHS will hold your personal information securely on its systems for as long as is necessary for the relevant activity, or for as long as is set out in any relevant agreement you may hold with us. BSHS takes its data security responsibilities seriously, and to support this employ the most appropriate administrative, physical and technical measures to safeguard your personal data, and regularly review these measures.

Personal data should not be disclosed within this application form for any reason incompatible with the purpose for which Community Initiative Fund is sought. Any individual whose personal data is submitted within this form must be informed of the use of their personal data. By submitting this application form you are confirming all individuals whose personal data is disclosed have been clearly informed of this purpose and have been informed of their rights under data protection legislation.

For more information on your privacy rights, please see our full Privacy Statement on our website.

Please forward the completed Application form to one of the following:

### **Bon Secours Care Village Cork**

Dwayne Gavin - Head of Mission

Bon Secours Hospital,  
College Road, Cork

**dgavin@bonsecours.ie**

### **Bon Secours Hospital Tralee**

Owen McCarthy - Head of Mission

Bon Secours Hospital Strand Street,  
Tralee, Co. Kerry

**omccarthy@bonsecours.ie**

### **Bon Secours Hospital Cork**

Dwayne Gavin - Head of Mission

Bon Secours Hospital,  
College Road, Cork

**dgavin@bonsecours.ie**

### **Bon Secours Hospital Glasnevin**

John Coughlan - Head of Mission

Bon Secours Hospital,  
Glasnevin, D09 YN97, Dublin

**jcoughlan@bonsecours.ie**

### **Bon Secours Hospital Galway**

Alan Burke - Head of Mission

Bon Secours Hospital,  
Renmore, Galway, H91 KC7H

**aburke@bonsecours.ie**

### **Bon Secours Hospital Limerick**

Alan Burke - Head of Mission

Bon Secours Hospital,  
Limerick

**aburke@bonsecours.ie**