

Gaisce - President's Award Leader Commitment

1. Name (Mr/Mrs/Ms) _____

2. Any other name previously known as _____

3. Home Address _____

Tel No (daytime) _____ (Evening) _____ (Mobile) _____

4. Date of Birth ___/___/___ Place of Birth _____

5. Occupation _____

6. Please give details of any previous involvement in youth work:

7. Do you suffer from any illness/disability/medical condition, which may at times affect your ability to work with young people? Yes No If yes, please give details.

8.1 Please supply the name, address, telephone numbers etc and position of two people (non-relative), who know you well and can provide us with a reference. One of the referees, where relevant, should be your immediate supervisor. The President's Award reserves the right to make contact with one or both of your nominated referees.

(a) _____	(b) _____
_____	_____
_____	_____
Tel No: _____	Tel No: _____
Mobile no: _____	Mobile no: _____
E-mail address _____	E-mail address _____
Position _____	Position _____

9 Declaration (confidential) – Declaration continued on page 2 of this form.

9.1 Have you ever been convicted of a Criminal Offence or been the subject of a Caution or of a Bound Over Order Yes No

Signed: _____

If yes, please state below the nature and date(s) of the offence(s):

Nature of Offence

Date of Offence

Signed: _____

9.2 I confirm that nothing within my personal or professional background deems me unsuitable for a post, which involves working with children.

9.3 I declare that the above information is true.

9.4 I promise to uphold the standards of the Award and to do everything in my power to ensure that each young person achieving an Award under my guidance will have earned that Award.

I have read and agree to implement **Gaisce's Child Protection Policy**. I will take all reasonable steps to draw the guidelines to the attention of other adults that I involve in the programme.

If, for any reason, I am unable to continue as a PAL, I will notify The President's Award office and I will use by best efforts to find an equally suitable person to act as a PAL in my place. I will explain the Award Programme in detail to this person and I will forward his/her name and address to The President's Award office.

Have you attended a PAL Training Workshop? If so, please give details below:

Venue: _____

Date: _____

If not, I undertake to attend an appropriate workshop or to contact the Gaisce office to discuss same.

Signed: _____

Date: _____

E-mail address: _____

Operating Body (school, club etc.) is _____

Address _____

You will be contacted in relation to Garda Clearance.

Gaisce - The President's Award
Ratra House, North Road, Phoenix Park, Dublin 8.
Tel: 00 353 (0)1 6171999 Fax: 00 353 (0)1 6707060 Web site: www.gaisce.ie E-mail: mail@gaisce.ie