



Arna chomhchistiú ag an Aontas Eorpach

> Co-funded by the European Union

The project is co-funded by the Government of Ireland and the European Union.

Community Sponsorship Ireland Application Form





Important: before completing this form, please ensure that you read 'A Guide for Prospective Sponsors'.

Please ensure that you understand the criteria and responsibilities to apply for approval as a community sponsor group, before submitting the application form. The application form should be fully completed, signed and returned to your dedicated Community Sponsorship Partner . It is important to complete all sections of the form, as an incomplete form will be returned and may cause a delay in the processing of your application.

Your Partner will forward this form to the National Support Organisation (NSO), who will formally submit your application form to the Department of Justice, Home Affairs and Migration. The application form may also be shared with other organisations, such as UNHCR Ireland.

Data Protection

The purpose of this policy is to provide a clear statement of the Department's commitment to protect the rights and privacy of individuals in accordance with the Data Protection Acts. We place a high importance on the correct, lawful and fair handling of all personal data, respecting the legal rights, privacy and trust of all individuals with whom we deal or interact with.

For full policy <u>click here</u> - Data Protection Policy PDF

1.1 Your Community Sponsorship Group (CSG)

Name of your Community Sponsorship Group:	
Town/Area:	
County:	

1.2 Community Sponsorship Partner

Please provide the following details about the Community Sponsorship Partner who is assisting your group with your application:

Name of Partner:	
Address:	
Contact person:	
Email:	
Telephone number:	
Website:	
Charity number:	
Company Registration Number:	
Designated Liaison Person for the purposes of Child Safeguarding:	

1.3 About your Community Sponsorship Group

Please tell us a little about your Community Sponsorship Group and what motivated you to come together to support a beneficiary under the Community Sponsorship Ireland Programme:

1.4 Who is the Primary Sponsor?

This is the person who takes primary responsibility for the accuracy of the information in this application and for leading the co-ordination and the delivery of the sponsorship commitments. He/she will be the primary point of contact for the CSG.

Title and full name:	
Occupation (Optional):	
Date of birth:	
Address:	
Home Telephone number:	
Mobile Telephone number:	
E-mail address:	

1.5 Who is the Secondary Sponsor?

The Secondary Sponsor will support the Primary Sponsor in the co-ordination and the delivery of the sponsorship commitments. He/she will be the primary point of contact for the CSG when the Primary Sponsor is unavailable.

Title and full name:	
Occupation (Optional):	
Date of birth:	
Address:	
Home Telephone number:	
Mobile Telephone number:	
E-mail address:	

1.6 CSG Support personnel (minimum of three)

Please list all of the other people in your group who will play a regular or significant role in the delivery of settlement supports to the beneficiary.

	Title	Full Name	Occupation (optional)	Group Role	Support to be provided	Any relevant skills
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

(Please add additional members on page 9 if there are more than 10)

Safeguarding

1.7 Child Safeguarding Policy

It is vitally important that Children First guidance and legislation is strictly adhered to by CSGs, with the support and assistance of their dedicated Partner, in the implementation of community sponsorship.

As the group will be working with children you will be required to:

- Keep children safe from harm while they are being supported by the CSG
- Develop a Child Safeguarding Policy that outlines the policies and procedures that the group will adhere to in the case of any harm or suspected harm to a child
- Appoint a relevant person to be the first point of contact in respect of the organisation's Child
 Safeguarding Policy

As CSGs are supported by dedicated Partners, they will assist the CSG to meet your obligations under Children First. Each Partner will have an appointed Designated Liaison Person (DLP) within their organisation. This person will be the resource person for any group member or volunteer who has child protection concerns and they will liaise with outside agencies. The DLP will also assist you in the development of your Child Safeguarding Policy, which can be based on the existing policies of the Partner and which may rely on its reporting procedures.

The Child Safeguarding Policy and proof of completion of the Tusla E-Learning Programme must be submitted along with your Settlement Plan.

Please note that you can access the Tusla 'Children First' e-learning programme at

Children First E-Learning ProgrammeTusla - Child and Family Agency

Tusla has worked with the DCEDIY and HSE to develop a universal e-learning training programme called 'Introduction to Children First'. The programme has been written to support people of all backgrounds and experience in recognising concerns about children and reporting such concerns if they arise.

The programme is based on Children First: **National Guidance for the Protection and Welfare of Children** and the Children First Act 2015.

The programme takes approximately 1.5 hours to complete but it can be done in a number of sittings. The programme will allow you to log back in and resume where you left off. It covers topics including:

- Recognising and reporting child abuse;
- The role of mandated persons;
- The responsibilities of organisations working with children to safeguard children;
- The role of designated liaison persons.

You will need to create an account using an email address to log in and complete the programme. This allows you to complete the training gradually over time. When you have completed the programme, you will receive a certificate of completion directly to your email address.

Title and full name:		
Date of birth:		
Profession (if any):		
Address:		
Home Telephone number:		
Mobile Telephone number:		
E-mail address:		
	be able to support you and offer advice on fundraising. Groups neement and to support the implementation of your resettlement plan a	
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2.1 Declaration

To be completed by Primary Sponsor

I declare that:

- all individuals named on this application are aware and have consented to being included as part of this application;
- the information I have given in this application is true, complete and accurate to the best of my knowledge; and
- if there is a material change in our sponsor group or any new information relevant to this application, I will inform our Community Sponsorship Partner immediately.

Primary Sponsor (PRINT full name):	Signature:	Date:
Witness (PRINT full name):	Signature:	Date:

2.2. Sponsorship Undertaking

To be completed by all members of your group

This Sponsorship Undertaking specifies the obligations of the sponsoring group, if approved, with respect to the refugee(s) matched to it for sponsorship:

- Reception Meet the beneficiaries upon arrival and escort them to their new home;
- Accommodation Ensure appropriate accommodation is in place for a 24 month period as well
 as basic furniture and other household essentials;
- Care Ensure food, clothing, local transportation and other basic necessities of life are in place, along with accessible information on each;
- Settlement Assistance and Support Assist the refugee(s) to learn English, seek employment, encourage and assist them to adjust to life in Ireland, as outlined in the Settlement Plan; and
- Empowerment and independence Support, encourage and enable the refugee(s) to be empowered to make decisions about their own welfare and to live as independently as possible within 18 months.

We understand that, as signatories to this Sponsorship Undertaking, we are jointly and severally bound with the other signatories to:

- perform the obligations of the Sponsorship Undertaking as set out above; and
- support the refugee(s) for 18 months from the date of arrival.

To this end we declare that:

- we have made or will make adequate arrangements in the expected settlement community for the reception and settlement of the refugee(s) as evidenced in the Settlement Plan;
- we have or will put in place sufficient financial resources and expertise to fulfil this Sponsorship Undertaking;

- we will not require the refugee(s) to repay any cost of sponsorship;
- to the best of our ability, we will not knowingly or deliberately allow any individual to participate in the group's settlement activities who may be considered a threat to the safety and security of the refugee(s);
- any personal information disclosed to us in the course of the group's settlement activities will be treated as confidential and will only be disclosed to a third party in accordance with the provisions of the Data Protection Acts 1988 to 2018;
- we will comply in a timely manner with any request for information by the Department of Justice,
 Home Affairs and Migration or the Irish Red Cross for the purposes of monitoring and evaluation of the group's sponsorship activities and settlement outcomes;
- in the case of a dispute or disagreement with the refugee(s) we are sponsoring, we shall at all times make every effort in good faith to prevent a breakdown in the relationship. Where this cannot be prevented, we will work with our Community Sponsorship Partner to seek a resolution and will enter into mediation where necessary or if requested to do so by either the Partner or the Department of Justice, Home Affairs and Migration.

We also acknowledge and undertake to fully comply with our statutory obligations under:

- Children First Act 2015
- Data Protection Acts 1988 to 2018

Group Member 1 (PRINT full name):	Signature:	Date:
Group Member 2 (PRINT full name):	Signature:	Date:
Group Member 3 (PRINT full name):	Signature:	Date:
Group Member 4 (PRINT full name):	Signature:	Date:
Group Member 5 (PRINT full name):	Signature:	Date:
Group Member 6 (PRINT full name):	Signature:	Date:
Group Member 7 (PRINT full name):	Signature:	Date:
Group Member 8 (PRINT full name):	Signature:	Date:
Group Member 9 (PRINT full name):	Signature:	Date:
Group Member 10 (PRINT full name):	Signature:	Date:

(Please add additional group members to this form, as appropriate)

	Title	Full Name	Occupation (optional)	Group Role	Support to be provided	Any relevant skills
11						
12						
13						
14						
15						

Group Member 11 (PRINT full name):	Signature:	Date:
Group Member 12 (PRINT full name):	Signature:	Date:
Group Member 13 (PRINT full name):	Signature:	Date:
Group Member 14 (PRINT full name):	Signature:	Date:
Group Member 15 (PRINT full name):	Signature:	Date:

For Office Use Only

Date Received:	
Application Number:	
Comments:	
Decision:	



