

TÚS PLACEMENT PROVIDER – EVALUATION REPORT

Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MANAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**SUMMARY OF EVALUATION CONDUCTED BY OFFALY LOCAL DEVELOPMENT COMPANY**

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| **CHECK LIST** | **YYES** | **NO** |
| Is the application adequately completed? |  |  |
| Does the organisation meet the eligibility rules? |  |  |
| Do they demonstrate active community involvement and service delivery? |  |  |
| Does the proposed work placement meet the requirements of Tús? |  |  |
| Is there existing paid staff in the organisation? |  |  |
| Is the service and work proposed eligible? |  |  |
| Have any staff members been made redundant or let go in past 9-12 months? |  |  |
| Is the work all year round? |  |  |
| Have seasonal factors been taken into account? |  |  |
| Are any costs involved for the Offaly Local Development Company? |  |  |
| Is there a child and vulnerable adult safeguarding policy in place? |  |  |
| Is Garda Vetting required for the post? |  |  |
| Is there adequate public liability insurance in place and has it been inspected? |  |  |
| Are the necessary indemnities available from the work placement provider? |  |  |
| Is a recent safety statement available or can one be easily prepared? |  |  |
| Have health, safety & related issues been examined & determined to be adequate by the IB? |  |  |
| Is lone working an issue with the placement? |  |  |
| Can local monitoring of work be undertaken (via other staff or regular volunteer engagement) |  |  |
| Are the welfare facilities adequate and available (catering, toilet, heating, comfort)? |  |  |
| Have access issues been considered? |  |  |
| Can outputs be quantified? |  |  |

**ASSESSMENT REPORT FROM SELECTION COMMITTEE**

**Profile of the work**

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**How well structured is the placement – comment on nature of work proposed**

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**Quality of work experience**

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**Will the work be meaningful and provide a good quality experience for the participant**

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**Environment**

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**Comment on the work environment (and if there have been a site visit to meet the proposers) – address any**

**Health/safety or security/comfort concerns**

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**Costs**

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**To what degree has the placement provider evaluated the costs involved? Can these be sustained**

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**Displacement or deadweight and substitution**

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**Comment on any concerns about displacing workers in the organisation or displacing other workers locally**

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**Other Public Funding**

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**Degree to which work placement proposed will impact other publicly funded activities in the organisation if any**

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**Organisational Policies**

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**Have policies in respect of care and welfare of children & vulnerable adults been inspected & are they adequate?**

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**Organisational capacity**

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**Comment on the organisation capacity of the placement providers, board & management ability/direction/plans**

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**Outputs**

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**What type of outputs and impacts are expected? Will it be possible to evaluate the benefits**

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**Integration with other publicly funded programmes**

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**Comment if other programmes are present (CE, RSS, JI, childcare supports)**

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**Additional comments of the assessor**

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**Overall recommendation to selection committee/board**

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For and on behalf of Offaly Local Development Company

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

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please retain on file for departmental or audit inspections