



Comhairle Cathrach
Bhaile Átha Cliath
Dublin City Council

Dublin City Public Participation Network – Registration Form

Please fill out the following form to register for Dublin City Public Participation Network (PPN). If you have not already done so, please read the attached document for explanation of how the PPN will work. All groups that register with the Dublin City Public Participation Network (PPN) before **1st May** of a given year will have voting rights for the coming year to the various structures that will be set up under the network.

All sections marked with an asterick * must be completed, failure to do so will make your application invalid.

Please note: Our main method of communication is via email if you do **not** have an email address you may **nominate someone** with an email address to receive information on your behalf.

Organisation/Group details:

* Name of Organisation/Group: _____

* Date Established: _____ (must include month/year, e.g. 05/06)

* Contact Name: _____

* Contact Address: _____

_____ (please include post code e.g. Dublin 8.)

* Contact Phone No (preferably Mobile No.): _____

E-mail Address (if available): _____

* Does your group have a set of rules or a committee or a constitution?

Yes

No

Please tick as appropriate.

Organisation/Group main activities:

* Brief Profile: (Please describe your organisation/groups main activities and/or aims.)

* Do you consider your main activities to be **(please tick one box only)**

1. Social Inclusion i.e. focussed on people experiencing disadvantage and inequality?
2. Environmental i.e. focussed on protecting the environment and sustainable development?
3. Community and Voluntary Sector i.e. local development, sports, social group etc.?

Note: This will be subject to validation at a later date.

* What area of Dublin does your group cover (e.g. Ballymun) _____

Website Address (if applicable): _____

Facebook Address (if applicable): _____

Twitter Address (if applicable): _____

* Number of Volunteers/members: _____

* Number of Paid Staff (If Applicable): _____

Organisation/Group Representatives:

* Each eligible Organisation/Group must nominate two representatives to the Plenary (the ruling body/executive).

Representative 1

* Name: _____

* Address: _____

* Telephone (preferably Mobile No.): _____

Email: _____

Representative 2

* Name: _____

* Address: _____

* Telephone (preferably Mobile No.): _____

Email: _____

***Very Important:** Do you agree that group details as submitted above may be shared with other members of the PPN and other Dublin City Council Departments? Yes No