

# DIOCESE OF CLOYNE



## *Request for Renewal of Original Licence*

**School:**

**Roll Number:**

I have received a request from the contractor named overleaf, to apply to the Diocese of Cloyne for a renewal of their original licence. The term has ended and they have fulfilled all the conditions of the original licence. They have confirmed that there has been no material change to the information contained in the original licence and that all the essential requirements are still in place and being adhered to.

I confirm that the Board of Management has approved the above request for the renewal of the original licence. There is no fee payable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal / Secretary Board of Management

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### **For Office use Only**

**This Licence** has been renewed on \_\_\_\_\_ day of \_\_\_\_\_ 2026 between Trustees having its registered office at the Cloyne Diocesan Centre, Cobh and the Parish Priest of the Parish for the time being (hereinafter together called "the Licensor") of the One Part and the Licensee named in this Licence of the Other Part

**SIGNED ON BEHALF OF  
THE LICENSOR**

\_\_\_\_\_  
Signature

**In the presence of:**

\_\_\_\_\_  
Signature

*When complete please return page 1 and page 2 by post, or email to [info@cloynediocese.ie](mailto:info@cloynediocese.ie)*

# RENEWAL OF LICENCE

**To be Signed by Independent Contractor and submitted to the Board**

1. I hereby apply to the Board of Management and Trustees of the above school for facilities during the school year for the purposes of continuing to carry out activities as per my licence.
2. I confirm that I undertake the activities as an independent contractor and confirm that I will not hold myself out as an Employee/Partner/Agent of either the Board of Management of the School or of the Trustees.
3. I confirm that I am compliant in all the essential elements of **Form 1** which I signed in my original application with particular reference to the following:
  - (a) All relevant insurances/indemnities
  - (b) All policies applicable to Child Safeguarding/Vulnerable Adults
  - (c) Garda Vetting Clearances
  - (d) All other relevant conditions that applied to my original application.

Independent Contractor's name: \_\_\_\_\_ (block letters)

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