

Donegal County Development Board

Audit of Facilities in County Donegal

Dear Community and Voluntary Group Member,

The Donegal Community Audit is a project that originates in An Straitéis (Donegal County Strategy, 2002-2012, Donegal CDB).

The aim of the Donegal Community Audit is to enhance access to Community Infrastructure in the county by identifying and assessing the needs of Community and Voluntary Groups and Community Facilities in County Donegal. As such, we have developed this questionnaire and your input, as a representative of Community Facility in County Donegal is vital!

We would be grateful, if you could take 20 minutes of your time to complete this questionnaire. An important part of this exercise is to identify the exact location of your facility i.e. townland. Therefore, we have enclosed a comprehensive list of all townlands in your area and would be grateful if you would circle or indicate which townland your group falls into.

Once completed the data will be placed on a website and used as an information source for the general public, funding bodies and for policy makers.

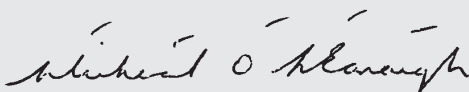
If you have any difficulty in completing this questionnaire, we have a number of Community Based Researchers in your area, just a telephone call away, to assist you. On completion, can you please return in the stamped addressed envelope to the Community Based Researcher for your area, (*listed below*).

For your convenience, this questionnaire is also available in both Irish and English on the Donegal County Council Website at <http://www.donegal.ie/dcc/audit.htm>, and on the Donegal EForum Website at <http://www.donegal.ie/eforum/efinfo.aspx>, so it can be downloaded, filled out and returned via email.

If you have any further queries please do not hesitate to contact the local Community Based Researcher, in the first instance, or the Research and Policy Unit of Donegal County Council – Tel 074 91 72470 or 72569.

Once again we would like to thank you for your time and assistance in the completion of this questionnaire.

Mise le meas,



Michéal Ó hÉanaigh

STUIRTHOIR RANNOG POBAIL, FIONTAIR AGUS SEIRBHISI CULTURTHA



Your Plan - Your Future



Project supported by the
**EU Programme
for Peace and Reconciliation**



Donegal County Development Board
Bord Forbartha Chontae Dhún na nGall

AUDIT OF FACILITIES

1.0 CONTACT DETAILS

1.1 NAME & ADDRESS OF FACILITY:

1.2 TOWNLAND:

NOTE 1: (PLEASE SEE LIST OF TOWNLANDS ATTACHED)

1.3 TELEPHONE:

1.4

MOBILE:

1.5 FAX:

1.6

EMAIL:

1.7 WEB:

1.9 NAME OF CONTACT PERSON FOR FACILITY:

1.10 ADDRESS OF CONTACT PERSON (IF DIFFERENT TO ABOVE):

2.0 SITE

2.1 WHAT IS THE SIZE OF THE SITE? (NO. ACRES)

2.2 WHAT ADDITIONAL SPORTS AND RECREATIONAL ACTIVITIES ARE INCLUDED ON THE SITE? (PLEASE TICK)

(A) NATURAL GRASS PITCH

SOCCER

GAELIC

RUGBY

OTHER

(PLEASE SPECIFY)

(B) HARD-COURT AREA

PLEASE SPECIFY SURFACE: _____

WHAT ACTIVITIES IS THE HARD-COURT AREA MARKED OUT FOR? (PLEASE TICK)

BASKETBALL

TENNIS

VOLLEYBALL

OTHER

(PLEASE SPECIFY)

(C) RUNNING TRACK

IS THERE A RUNNING TRACK ON THE SITE?

YES

NO

IF YES, PLEASE SPECIFY SIZE (E.G. 400M) _____

PLEASE STATE THE RUNNING TRACK SURFACE:

GRASS

ALL-WEATHER / CINDER

(D) ALL-WEATHER SURFACE PITCH

DO YOU HAVE AN ALL-WEATHER SURFACE PITCH?

YES NO

IF YES, PLEASE STATE:

LENGTH _____ WIDTH _____

2.3 WHAT ADDITIONAL SPACE DO YOU HAVE FOR SPORTS AND RECREATIONAL DEVELOPMENTS (*i.e. UNDER DEVELOPED AREAS ON YOUR EXISTING SITE THAT ARE SUITABLE FOR SPORTS AND RECREATION DEVELOPMENTS*)?

3.0 SIZE OF HALL / FACILITY

3.1 WHAT ARE THE DIMENSIONS OF THE MAIN HALL?

LENGTH _____ WIDTH _____ HEIGHT _____

3.2 IS THERE CAPACITY FOR SPECTATORS?

YES NO

IF YES, PLEASE SPECIFY:

NO. SEATS: _____ STANDING CAPACITY: _____

ARE THE SEATS REMOVABLE?

YES NO

3.3 (A) WHAT TYPE OF PLAYING SURFACE IS THERE IN THE HALL? _____

(B) WHAT SPORTS IS THE HALL / FACILITY MARKED FOR? (*PLEASE TICK*)

BASKETBALL BADMINTON INDOOR SOCCER

OLYMPIC HANDBALL VOLLEYBALL OTHER (PLEASE SPECIFY) _____

3.4 WHAT ARE THE LIGHTING ARRANGEMENTS IN THE HALL?

3.5 HOW IS THE HALL HEATED?

- 3.6 (A) DO YOU HAVE EMERGENCY SIGNS IN THE HALL? YES NO
- (B) WHAT ARE THE FIRE AND EMERGENCY ARRANGEMENTS IN THE HALL? _____

- 3.7 (A) DOES THE HALL HAVE A STAGE? YES NO
- IF YES, WHAT ARE THE DIMENSIONS? LENGTH _____ WIDTH _____ HEIGHT _____
- (B) IS THE STAGE REMOVABLE? YES NO

4.0 CHANGING FACILITIES

4.1 DO THE FOLLOWING CHANGING FACILITIES EXIST?

MALE FEMALE OFFICIAL DISABLED

IF NO, WHAT OTHER ARRANGEMENTS ARE MADE FOR CHANGING?

4.2 WHAT IS THE CHANGING CAPACITY (i.e. NO. OF PEOPLE THAT CHANGING ROOMS CAN ACCOMMODATE)?

MALE _____ FEMALE _____ OFFICIAL _____ DISABLED _____

4.3 HOW MANY SHOWERS ARE IN EACH?

MALE _____ FEMALE _____ OFFICIAL _____ DISABLED _____

4.4 DO CHANGING ROOMS HAVE DIRECT ACCESS TO:

(A) TOILET FACILITIES

MALE: YES NO FEMALE: YES NO DISABLED: YES NO

(B) MAIN HALL

MALE: YES NO FEMALE: YES NO DISABLED: YES NO

(C) LOCKERS / STORAGE FACILITIES

MALE: YES NO FEMALE: YES NO DISABLED: YES NO

4.5 CHANGING ARRANGEMENTS FOR OUTDOOR PITCHES

DO YOU HAVE SEPARATE CHANGING ROOMS FOR OUTDOOR PITCHES? YES NO

IF YES, IS THERE A SEPARATE ACCESS POINT? YES NO

IF NO, DO THE OUTDOOR TEAMS USE THE INDOOR FACILITIES? YES NO

AT THE POINT OF ENTRY DO YOU HAVE BOOT-CLEANING FACILITIES (i.e. FOOT-BRUSH AND TAP)?
YES NO

5.0 OTHER COMMUNITY FACILITIES INCLUDING MEETING FACILITIES

5.1 ENTRANCE / LOBBY IS THERE A WATERPROOF LOBBY? YES NO

IS THERE A RECEPTION AREA? YES NO

5.2 ARE ANY OF THE FOLLOWING PROVIDED AND IF SO, WHAT ARE THE DIMENSIONS / SIZE? LENGTH (FT) WIDTH (FT)

STORAGE ROOMS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LENGTH _____	WIDTH _____
MEETING ROOM 1	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LENGTH _____	WIDTH _____
MEETING ROOM 2	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LENGTH _____	WIDTH _____
MEETING ROOM 3	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LENGTH _____	WIDTH _____
OTHER HALL	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LENGTH _____	WIDTH _____
KITCHEN	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LENGTH _____	WIDTH _____
CRÈCHE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LENGTH _____	WIDTH _____
BAR	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LENGTH _____	WIDTH _____
GYM / FITNESS ROOM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LENGTH _____	WIDTH _____
OTHER	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LENGTH _____	WIDTH _____

(PLEASE SPECIFY)

5.3 DOES YOUR FACILITY HAVE THE FOLLOWING AND IF SO HOW MANY:

OVERHEAD PROJECTOR	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO. OF _____
BLACK/WHITE BOARDS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO. OF _____
SCREENS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO. OF _____
AUDIO VISUAL EQUIPMENT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO. OF _____
BOARDROOM TABLE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO. OF _____
COMPUTERS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO. OF _____

- 5.4 (A) IS THERE A FIRST-AID ROOM YES NO
 IF NOT WHAT ARRANGEMENTS ARE IN PLACE?
- (B) ARE THERE FIRST AID TRAINED STAFF? YES NO

6.0 SOCIAL INCLUSION

6.1 DIVERSITY / EQUALITY

- (A) DO YOU MONITOR THE DIVERSITY⁽ⁱ⁾ OF THE PEOPLE THAT USE THE CENTRE?
 YES NO
- (B) DO YOU HAVE AN EQUAL USAGE POLICY DISPLAYED IN THE CENTRE?
 YES NO
- (C) DO YOU HAVE SPECIAL DISCOUNTS FOR LOW-INCOME GROUPS (i.e. SHORT / LONG-TERM UNEMPLOYED)?
 YES NO

6.2 ACCESSIBILITY

IS THE CENTRE ACCESSIBLE FOR PEOPLE WITH?

- (A) SENSORY DISABILITIES YES NO IF YES, PLEASE SPECIFY _____
- (B) INTELLECTUAL DISABILITIES YES NO IF YES, PLEASE SPECIFY _____
- (C) MENTAL DISABILITIES YES NO IF YES, PLEASE SPECIFY _____
- (D) WHEELCHAIR DISABILITIES YES NO IF YES, PLEASE SPECIFY _____

(i) i.e. BY GENDER, MARITAL STATUS, FAMILY STATUS, SEXUAL ORIENTATION, AGE, DISABILITY, RELIGION, RACE, MEMBERSHIP OF THE TRAVELLING COMMUNITY.

7.0 EQUIPMENT

7.1 (A) DOES THE CENTRE HAVE EQUIPMENT FOR THE FOLLOWING ACTIVITIES?

BASKETBALL

* BASKETBALLS: RINGS: SCOREBOARD:

BADMINTON

* SHUTTLECOCKS: *NETS: *RACQUETS:

INDOOR SOCCER

* INDOOR BALL: GOALS: *CONES:

OLYMPIC HANDBALL

* HANDBALL: GOALPOSTS: *BIBS:

VOLLEYBALL

* VOLLEYBALL: *NET:

IF OTHER, PLEASE SPECIFY: _____

(B) IF THE ABOVE ITEMS OF EQUIPMENT (AS INDICATED BY ASTERISKS *) DETERIORATE OVER TIME PLEASE INDICATE HOW FREQUENTLY THESE ARE RENEWED?

7.2 DOES THE CENTRE HAVE THE FOLLOWING EQUIPMENT?

CLEANING MATERIALS YES NO

CLEANING MACHINES YES NO

8.0 SPORTS AND RECREATIONAL PROGRAMMES

8.1 (A) PLEASE SUPPLY DETAILS AND TIMES OF PROGRAMMES OVER THE SEPTEMBER – APRIL PERIOD AND SPECIFY THE GROUPS CATERED FOR E.G. PRE-SCHOOL, PRIMARY SCHOOL, SECONDARY SCHOOL, TEENAGE/YOUTH GROUPS, ADULTS, AND SPORTS CLUBS ETC.

SEPT - APRIL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
9 - 10am							
10 - 11am							
11 - 12am	e.g. youth group						
12 - 1pm							
1 - 2pm							
2 - 3pm							
3 - 4pm							
4 - 5pm							
5 - 6pm							
6 - 7pm							
7 - 8pm							
8 - 9pm							
10 - 11pm							

8.1 (B) PLEASE SUPPLY DETAILS AND TIMES OF PROGRAMMES OVER THE MAY- AUGUST PERIOD AND SPECIFY THE GROUPS CATERED FOR E.G. PRE-SCHOOL, PRIMARY SCHOOL, SECONDARY SCHOOL, TEENAGE / YOUTH GROUPS, ADULTS, AND SPORTS CLUBS ETC.

MAY - AUGUST	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
9 - 10am							
10 - 11am							
11 - 12am							
12 - 1pm							
1 - 2pm							
2 - 3pm					e.g. boxing club		
3 - 4pm							
4 - 5pm							
5 - 6pm							
6 - 7pm							
7 - 8pm							
8 - 9pm							
10 - 11pm							

8.2 COMMUNITY & VOLUNTARY GROUPS

(A) DO YOU HAVE A POLICY TO ALLOCATE TIME TO COMMUNITY AND VOLUNTARY GROUPS?

YES NO

(B) WHO DETERMINES FOR THE PROGRAMME FOR THE YEAR?

9.0 OWNERSHIP / MANAGEMENT

9.1 WHO OWNS THE FACILITY?

9.2 WHAT TYPE OF MANAGEMENT STRUCTURE RUNS THE FACILITY?

COMPANY LTD. BY GUARANTEE

CLUB OR ASSOCIATION

CLUB VESTED IN PARISH

SCHOOL BOARD OF MANAGEMENT

OTHER (PLEASE SPECIFY) _____

9.3 PLEASE IDENTIFY THE MAIN OFFICERS IN THE MANAGEMENT STRUCTURE

(E.G. CHAIRPERSON, TREASURER, SECRETARY ETC.)

9.4 DO YOU HAVE A FACILITIES DEVELOPMENT SUB-COMMITTEE?

YES NO

9.5

OPERATIONS

(A) DOES THE CENTRE HAVE ANY FULL/PART-TIME/VOLUNTARY STAFF? YES NO

IF YES, PLEASE SPECIFY _____

IF NO, PLEASE SPECIFY SUPERVISION PROCEDURES IN PLACE?

NIGHT TIME ONLY ALL DAY AS REQUIRED

OTHER NOT AT ALL

(B) HOW MANY HOURS PER DAY IS THE CENTRE OPENED? _____

(C) WHAT ARE THE CLEANING AND MAINTENANCE ARRANGEMENTS AT THE CENTRE?

FULL-TIME / PART-TIME _____ VOLUNTARY _____ OTHER _____

9.6

INSURANCE

WHICH OF THE FOLLOWING TYPES OF INSURANCE DO YOU HAVE? (PLEASE TICK)

PUBLIC LIABILITY EMPLOYER LIABILITY

BURGLARY COVER MONEY COVER

PROPERTY DAMAGE COVER PRODUCT LIABILITY

MEMBER-TO-MEMBER LIABILITY BUSINESS INTERRUPTION

PLEASE NAME YOUR UNDERWRITER _____

WHAT IS YOUR ANNUAL PREMIUM? _____

9.7

CAR PARKING

WHAT IS THE NUMBER OF PARKING SPACES PROVIDED? _____

IS BUS PARKING PROVIDED? YES NO

IS DISABLED PARKING PROVIDED? YES NO

WHAT IS THE CAR PARK'S SURFACE _____

IS YOUR CENTRE SERVICED BY PUBLIC TRANSPORT? YES NO

Thank you for your time and cooperation



Your Plan - Your Future



Project supported by the
**EU Programme
for Peace and Reconciliation**



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Bord Forbartha Chontae Dhún na nGall

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