|  |  |
| --- | --- |
| Service Ref Number: |  |
| Legal Name: |  |
| Facility Name: |  |
| Facility Address: |  |
| Contact Number: |  |
| Reason for Closure: |  |
| Primary Issue Facing the Service: | **Please Tick** * Power Outage
* Water Outage
* Service Inaccessible
* Structural Damage
* Flood
* Covid Closure – Full Service\*
* Other \*\*

\*Please submit supporting documentation as to why your service has closed fully  |
| \*\* Reason for ‘other’  |  |
| Have you applied for force majeure in the last 12 months?If yes, give details of your claim including dates |  |
|  Closure dates: |  |
| Risk Assessment Completed Y/N: |  |
| Have you submitted an insurance claim for loss of earnings during this closure period? Give details\*\*\* |  |
| If answer is no to above provide reason: |  |
| Additional Information: |  |
|  |  |
|  |  |

\*\*\* any amount paid out by insurer in relation to loss of earnings for the closure period must be repaid to Pobal

Please submit this form to Pobal attaching it to a Service Request on the Hive and selecting the following from the drop-down menus:

* Programme: **User Account Management**
* Request type: **Force Majeure**
* Request type detail: **Force Majeure Covid/Standard**

Please note that this application does not imply approval of either Force Majeure or the funding of same.

**\*\*For COVID-19 closures due to staff shortage only:**

|  |  |
| --- | --- |
| How many childcare staff are currently employed by your service? |  |
| How many staff are currently absent due to Covid-19? |  |
| If all of your staff are not absent, please give an explanation as to why you propose to close/have closed the entire service. |  |
|  |  |