



# SPIRASI RefIreland Directory 2006

## SUBMISSION FORM

1. Please complete clearly and in full
2. If your organisation has branches please submit a form per location
3. In the case of multiple choice questions one or more answers may apply

### 1. Organisation Details

Full Title of Organisation:	
Acronym/Abbreviation (if used):	
Date Organisation Founded (Year):	
Full Postal Address:	

### 2. Means of Contact

Telephone Number(s):	
Mobile Number(s):	
Free-phone Number:	
Call-save Number:	
Help-line Number(s):	
After-hours Number(s):	
Fax Number:	
E-mail Address:	
Web-site Address:	

### 3. Public Transport Access

Type	Yes	Route Number(s) / Nearest Station(s)
Bus:		
Rail:		
DART:		
Luas:		

### 4. Organisation Status and Type

Is your organisation a registered:	Charity		Company	
Please provide your Registration Number:				
Organisation Type: <i>(Please tick if appropriate)</i>	International:		Community Based:	
	Government:		Support Group/Network:	
	Non-government:		Other:	

### 5. Business Hours

Day	OPEN (From -To)	LUNCH (From -To)
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		
Sunday:		

**6. Clients**

Client Status: (Please tick if Appropriate)	Asylum Seekers:	
	Refugee Status:	
	Leave to Remain / Residency:	
	International Students:	
	Migrant Workers:	
	Deportees:	
	Other:	

**7. Services / Activities**

Please describe the work of your organisation or the services offered in <i>no more than 60 words</i> :

**8. Language Facilities:**

Interpreter service upon request?	Yes		No	
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**9. Facilities available to clients (please tick if appropriate)**

Wheelchair/Disabled Access:		Meeting Rooms:	
Child Care Facilities:		Public Telephone:	
Light Refreshments:		Photocopy Service:	
Toilet Facilities:		Parking:	
Other:			

**10. Signature**

By signing you confirm that the information provided herein is correct.

Name (Block Letters): \_\_\_\_\_

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

Title / Position Held: \_\_\_\_\_

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

Please return this form as soon as possible to:

**Refireland Directory**  
**c/o SPIRASI**  
**213 North Circular Road**  
**Phibsboro**  
**Dublin 7**

Or e-mail your completed form to: **refireland@spirasi.ie**

If you require another copy, it is available for download from our web site at **www.spirasi.ie**