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| --- | --- |
| Service Reference Number: |  |
| Legal Name: |  |
| Facility Name: |  |
| Facility Address: |  |
| Contact Number: |  |
| Reason for Closure: |  |
| Primary Issue Facing the Service: | **Please Tick**   * Power Outage * Water Outage * Structural Damage * Flood * Other \*\*   Supporting documentation must be submitted as to why your service has closed. |
| \*\* Reason for ‘other’ |  |
| Details of supporting documentation supplied: |  |
| Details of Event: |  |
| Where applicable, if you are providing ECCE, have you offered an alternative date to parents? If not, please explain? |  |
| 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 (force majeure should not be used as an alternative to insurance cover): |  |
| Date of Application Form |  |

\* Any amount paid out by insurer in relation to childcare subsidies for the closure period must be repaid to Pobal

Please submit this form to Pobal attaching it to a Service Request on the Hive.