|  |  |
| --- | --- |
| 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:

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. |  |
|  |  |