



# Original Kerry Ireland

## A Network of Craft Makers

### NEW MEMBERS' APPLICATION FORM 2013

YOU HAVE THE OPTION TO APPLY FOR MEMBERSHIP OF THE ORIGINAL KERRY NETWORK AS WELL AS THE OPTION OF LISTING YOUR BUSINESS AS A CRAFT MAKING PREMISES OPEN TO THE PUBLIC AS AN OFFICIAL KERRY CRAFT TRAILS LOCATION. RETURN THIS FORM TO **DEIRDRE JOHNSTON, ORIGINAL KERRY**, BALLINORIG WEST, TRALEE. PLEASE MAKE CHEQUES PAYABLE TO ORIGINAL KERRY.

1. **Full Trading Name:**

2. **Contact Person:** **www.** **Phone / Mobile:**

3. **Trading address:**

4. **GPS Co-ordinates:** *These should be given to us by you and taken on location from your site position to ensure total accuracy.*

5. **CRO Number:** *(company or business registration number)*

6. **Included a Tax Clearance Certificate:**  
 Yes  No  (please tick)  
*You are required to provide a Tax Clearance Certificate annually to Original Kerry.*

7. **Craft Trail Membership:**  
 Yes  No  (Please tick)

Applicants who are opening their premises for visits from the public as a member of Kerry Craft Trails must commit to a minimum opening of 30 hours per week in high season and are available by phone to take bookings for small groups. A recommended charge is provided here for you to consider if you get bookings...

1. Craft demonstrations €5.00 per person for a half hour demonstration of your craft making.
2. Hands-on craft making experience where you facilitate group members in some element of the process of craft-making €10.00 per person per group of 8. *(This is what really appeals to the public and please consider this element strongly in the Trail experience that you will provide).*

All bookings are made through you directly and not through Original Kerry. Any request to access your craft-making will be forwarded on to you directly by Original Kerry.

8. **Are you a Sole Trader?** Yes  No  (please tick)

9. **Have you a limited company?**  
 Yes  No  (please circle)

10. **If you have registered a limited company, please include full company title:**

11. **CRO Number:**  
  
 12. **PPS (Personal Public Service Number):**

13. **Please include a 20 word description of your work/product range:** *(for Original Kerry use online or on printed material. Original Kerry reserves the right to edit this text but will provide copy for one round of edits to each applicant)*



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#### SOME INFORMATION FOR US ON YOUR BUSINESS PLEASE

<p><b>14. Please indicate if you have the following facilities on site</b></p> <p>Parking <input type="checkbox"/></p> <p>Toilets <input type="checkbox"/></p> <p>Coffee/Tea <input type="checkbox"/></p>	<p><b>Can the visitor experience Craft Making?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Is pre-booking required in order to experience including seeing the craft-maker at work or taking part in a craft-making activity on site?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Retail Space where craft can be bought?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p><b>15. How did you market your business in 2012?</b></p>		
<p><b>16. How do you think membership of Original Kerry will help your business in 2013?</b></p>		
<p><b>17. How often in the year did you publicise your business via print and broadcast material?</b></p>	<p><b>18. Which aspect of the work of Original Kerry is relevant to your business?</b></p> <ol style="list-style-type: none"> <li>1. Membership of Craft Trail: <input type="checkbox"/></li> <li>2. Original Kerry direct trading events such as pop up shops or craft showcases? <input type="checkbox"/></li> <li>3. Trade and retail events under the Original Kerry brand name: <input type="checkbox"/></li> <li>4. Selling your work via the Original Kerry website? <input type="checkbox"/></li> <li>5. Business development supports and contacts? <input type="checkbox"/></li> <li>6. Marketing your business through Original Kerry? <input type="checkbox"/></li> </ol>	<p><b>19. As Original Kerry strengthens its online digital footprint this year and if we provide you with a more developed profile page would you be interested in updating your own content on the Original Kerry website yourself?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)</p> <p><b>Would you require help with updating content online initially?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)</p> <p><b>Would you like to access a digital mentor via Original Kerry to help your business in general?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)</p> <p><b>Would you like to participate in a video story project with a filmmaker this year?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)</p> <p><i>We intend to apply for funding to animate a series of short videos of makers and for maker's websites in 2013.</i></p>



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20. How was the trading year 2012 for you in comparison to 2011?

Poor  Good  Excellent  (Please tick)

**I wish to apply for membership of Original Kerry in 2013 and agree to forward the necessary annual subscription of €45.00. We will invoice you for this amount. I can confirm that all information provided on this form is an accurate reflection of my business.**

Signature of applicant :

Date:

#### MEMBERSHIP CRITERIA THAT YOU MUST FULFILL TO JOIN ORIGINAL KERRY

- That you are a professional designer/maker of your own product/work Yes  No
- That your trading address is in County Kerry Yes  No
- That your work is handmade, originates from Kerry and is produced in Ireland Yes  No
- That you have provided a sample of your work to Original Kerry Yes  No
- You work can be returned to you by Original Kerry or collected from our premises by you Yes  No
- That you have been open for business and trading for a minimum of six months Yes  No
- That you have registered your trading name with the Companies Registration Office (CRO) Yes  No
- That you are a registered, sole trader, partnership or a limited company (please circle correct one) Yes  No
- That you have a current Tax Clearance Certificate and can forward same with this application to Original Kerry  
Yes  No
- That you are registered with the Crafts Council of Ireland Yes  No

#### TERMS AND CONDITIONS OF MEMBERSHIP

Original Kerry reserves the right to refuse membership. You may appeal any decision in writing within 14 days of receiving a refusal from Original Kerry.

**Original Kerry** accepts membership from all disciplines of craft-making. From makers working who use in both traditional and contemporary techniques and cross disciplines.

Applications are welcome across the following range of craft disciplines: -

Basket weaving; Book Binding; Candles; Ceramics; Craft Organisations; Fashion; Fibre Crafts; Glass Making; Jewellery; Millinery; Printing; Craft Retail Locations; Woodcarving, turning, wood working; Leather Goods & Bags, Mixed Crafts; Photography; Stone

#### Membership Category

**There is one category of membership in 2013 which we call ONLINE & PRINTED MATERIAL MEMBERSHIP. It costs €45.00 per annum. This fee covers your inclusion in the new Kerry Craft Trails brochure which will be expanded in size for 2013. The brochure will list Trail locations as well as Original Makers across the County. IF YOU MISS THE PUBLICATION DEADLINE FOR THIS BROCHURE WHICH CURRENTLY RUNS TO END OF FEBRUARY EACH YEAR, then you will be entitled to feature on the Original Kerry website for the year that you apply. It is a mandatory condition of the 2013 Kerry Craft Trails publication that you supply proof of public liability cover and that you will sign a declaration of compliance with regard to health and safety. The declaration of compliance is provided hereunder.**



# Original Kerry Ireland A Craft Maker's Network

## NEW MEMBERS' APPLICATION FORM 2013

### DECLARATION OF COMPLIANCE WITH HEALTH & SAFETY ISSUES

#### **To be signed by KERRY CRAFT TRAILS APPLICANTS ONLY**

The premises at (address).....whereby the business of (Trading Name).....is carried out, wishes to make application to Original Kerry to join Kerry Craft Trails for the year 2013.

My premises are insured for visits from members of the public and I have attached to this application a copy of my public liability insurance cover.

I have filled out the **Safety Statement**, have considered it thoroughly and have kept a copy on file at my premises. I can confirm that I intend to remain health & safety compliant.

Signed: .....  
Craft Professional/Business Owner

Date: .....

**Risk Assessment:** *Assessing risk means identifying anything in the workplace that could cause harm to employees or others and carefully examining them. The findings need to be recorded, highlighted and brought to the attention of staff. Any correction or 'making safe' that which is presently hazardous or dangerous needs to take place. The aim is to ensure that nobody gets hurt or becomes ill. Source: [www.nationalsafety.ie](http://www.nationalsafety.ie)*

I have identified the following risks and hazards within my premises *(for example steep steps, hot surfaces, sharp tools & equipment that could damage hands if used by an inexperienced person etc*  
.....

and I will warn the public in the following manner of their presence *(for example hang signs, display warnings, rope off hazardous areas etc.,)*  
.....

I will assess these risks on a continuous basis as our work practices evolve.

We have regard to health and safety legislation and aware that we must take responsibility for ourselves, for our workers and for visitors to our premises.

***The law requires employers to identify hazards, carry out risk assessments and prepare a written safety statement. This process has a practical purpose. It helps employers and others manage employee safety and health, and get the balance right between the size of any problems and what has to be done. This system must be risk-based, the required safety measures must be proportionate to the risks involved and must be adequate to control or minimise the risk of injury. Source: [www.nationalsafety.ie](http://www.nationalsafety.ie)***



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### DECLARATION OF COMPLIANCE WITH HEALTH & SAFETY ISSUES, RISK ASSESSMENT/FIRE & EMERGENCY PROCEDURES

My staff is familiar with fire and emergency procedures and can identify a meeting point outside the premises in the case of a fire. I can confirm that there is a fully stocked first aid box on site and that a member of staff is aware of how to use it and how to assist with first aid.

All notices for fire safety equipment are clearly visible and we regularly conduct fire drills.

The following individual takes full responsibility for safety at the premises:

Please name.....

In the event of an emergency we have a plan in place to facilitate vacating the premises.

**Signed:**

.....

**Business Owner:**

**Date:**

.....

#### FOR TRAIL LOCATIONS ONLY

Did you sign a declaration of compliance in terms of health and safety with us in 2012? Yes  No  (please tick)

Did you sign the safety statement section? Yes  No  (please tick)

Did you sign a risk assessment declaration with us? Yes  No  (please tick)

**Signature of applicant:**

**Date:**