|  |  |
| --- | --- |
| **Period of Report** |  |
| **Area/ Branch** | **/** |
| **Venue of meetings held** |  |
| **Has the Area Rep reported back from the last meeting?** |  **Yes 🞏 No 🞏** |
| **Number of Branch/ Committee meetings held since the last report** |  |
| **Membership and also the number of which are Youths** |  |
| **Have any members resigned their membership or are deceased since your last report?** **(Include membership numbers please)** |  |
| **Closing Bank Balance on the last day of the previous month (if your Branch has more than one account please list separately)** |  |
| **Confirm all Financial Returns to Head Office are up to date** (Half Yearly/ Quarterly Returns) |  **Yes 🞏 No 🞏** |
| **Is your Vehicle(s) Insurance/ TAX/ DOE paid** (if applicable)  | **Yes 🞏 No 🞏** |
| **List of activities undertaken by the Branch since last report.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **No. Trained** | **Course** | **No. Trained** |
| Stress Awareness |   | Therapeutic Hand Care |   |
| Child Protection |   | Skin Camouflage |   |
| HIV Awareness |   | Manual Handling |   |

 |
| **Have ALL members (over 16 years old) started/ completed the Garda Vetting Process.** | **Started** 🞏 **Completed** 🞏 |
| **What Fundraising/ Community Services Activities have your Branch undertaken since the last report.** (please state separately) |  |
| **Any problems or issues your Branch wishes to identify to the National Society through the Area Committee.** |  |

Branch Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Hon. Secretary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_