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| **APPLICATION FORM****QQI /FETAC LEVEL 5 IN COMMUNITY ADDICTION STUDIES** |
| **Name** |  |
| **Address** |  |
| **Home Phone / Mobile** |  |
| **Work Phone** |  |
| **E-Mail Address** |  |
| **Date of Birth** |  |
| **PPS number** |  |
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| Have you previously completed any other alcohol & other drugs training courses?(Please list). |  |
| Educational attainment / qualifications(Please list). |  |
| Do you work or volunteer for any organisations that come into contact with alcohol & other drugs issues? (Please explain). |  |
| **As part of this application please provide a personal statement OVERLEAF detailing your reasons for applying for this course on a separate page.** **Access to a computer & computer literacy is essential for this course.** |
| **You can submit your application form by email or post. Closing date 18TH February 2016****POST:** CHRISTINA MURRAY-McELENEY, DONEGAL ETB, ARD O DONNELL, LETTERKENNY, Co. DONEGAL**.****EMAIL:** christinamceleney@donegaletb.ie**START DATE OF COURSE THURSDAY 25TH FEBRUARY 2016** |

**PERSONAL STATEMENT:** Please explain how you think you will benefit from participating on this course.

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