|  |  |
| --- | --- |
| **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** |  |
|  |  |
| 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](mailto: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.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |