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| QQI LEVEL 5 COMMUNITY ADDICTIONS APPLICATION FORM |
| NAME |  |
| DATE OF BIRTH:  | PPSN: |
| ADDRESS: |
| TEL: | MOBILE: |
| EMAIL ADDRESS: |
| Have you previously completed any other alcohol & other drugs training courses?Please list  |  |
| Educational attainmentQualificationsPlease list  |  |
| Do you work or volunteer for an organisation that come into contact with alcohol or other drugs issues?Please explain  |  |
| Please provide a personal statement detailing your reason for applying for this particular course:-(you may use a separate sheet if required) |
| **ACCESS TO A COMPUTER & COMPUTER LITERACY ARE ESSENTIAL FOR THIS COURSE** |
| Email this form to: christinamceleney@donegaletb.iePost this form to : Christina Murray-McEleney , Donegal ETB, Ard ODonnell, Letterkenny, Co. Donegal Closing Date for Applications : ***31st August 2016.*** Start date of the course: ***Thursday 15th September 2016***  |