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| **Individual Booking Form**  |
| **Name of Course** |  |
| **Date & Location of Course** |  |
| **Individual applicant details** |
| **Name** |  | **DOB:**  |
| **Tel / Mob** |  |
| **Address** |  |
| **Email Address** |  |
| **What organisation do you work / volunteer with ?** |
| **Name of contact person** |  |
| **Oganisation details** (briefly describe your organisation and what it does) |  |
| Contact Tel / mob |  |
| Contact email address |  |
| **Application for Training** |
| **Have you previously completed any alcohol and other drugs training?** (Please describe) |  |
| **What do you hope to learn from this training?**(Please Describe) |  |
|  **email this form to:** **christinamceleney@donegaletb.ie** |
| **Post this form to:**  Christina Murray-McEleney, Coordinator Alcohol & Other Drugs Education & Training , NW region, Donegal ETB, Ard O’ Donnell, Letterkenny, Donegal. |