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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 attainment  Qualifications  Please list  | |  | |
| Do you work or volunteer for an organisation that come into contact with alcohol or other drugs issues?  Please explain  | |  | |
| use a separate sheet if required) | | | |
| **ACCESS TO A COMPUTER & COMPUTER LITERACY ARE ESSENTIAL FOR THIS COURSE** | | | |
| Email this form to: [christinamceleney@donegaletb.ie](mailto:christinamceleney@donegaletb.ie)  Post this form to : Christina Murray-McEleney , Donegal ETB, Ard ODonnell, Letterkenny, Co. Donegal  **Closing Date for Applications : 21st February 2017**  Start Date Sligo: 1st March 2017 . Start date Letterkenny 6th March 2017 | | | |