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| **Registration form** **SAOR Screening & Brief Interventions Training**13th May ETB Training Centre Ramelton rd. Letterkenny Donegal  |
| **Name** |  |
| **Address** |  |
| **Home Phone / Mobile** |  |
| **Work Phone** |  |
| **E-Mail 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 any organisations that come into contact with alcohol & other drugs issues? (Please explain). |  |
| What do you hope to gain from this training?(Please explain). |  |
| **EMAIL:** christinamceleney@donegaletb.ie **OR****POST:** CHRISTINA MURRAY-McELENEY, DONEGAL ETB, ARD O DONNELL, LETTERKENNY, Co. DONEGAL**.****Contact number : 0879369312** |