# Application Form

### Diploma in Community Drug and Alcohol Work 2022/23

**Remember to complete every section of this application form and don’t forget to attach your 500 word personal statement.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name:*** |  | ***Tel. No. (home):*** |  |
| ***Address:*** |  | ***(mobile):*** |  |
|  |  | ***(work):*** |  |
|  |  |  |  |
| ***Post Code:*** |  | ***Email:*** |  |

**Consent to Data Processing**

Urrús, in order to organise and deliver training gathers and keeps certain information in relation to applicants and participants. The use of information is controlled by the Data Protection Legislation.

To allow us do this we need your consent.

|  |  |  |
| --- | --- | --- |
| I consent to the use of my information as described above. | |  | | --- | |  | |
| Please √ tick the box above to indicate your consent. | |

1. *What is your current or previous involvement in the drugs/addiction or a related field?*

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|  |

1. *What is your current or previous community involvement?*

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|  |

1. *Have you completed the Level 5 Community Addiction Studies Course©?*

#### *yes no*

*If yes, state what year you received certification and the grade you achieved?*

|  |  |
| --- | --- |
| *Year:* | *Grade:* |
|  |  |

1. *If you have completed an equivalent course please complete the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF PROGRAMME | AWARDING BODY / NFQ LEVEL | GRADE | YEAR |
|  |  |  |  |

1. Give details of your most recent educational attainment, excluding the data given in answer to questions 3 and 4: -

|  |  |  |
| --- | --- | --- |
| YEAR | NAME OF PROGRAMME | AWARDING BODY / NFQ LEVEL |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. *Please attach a “Personal Statement” which identifies why you wish to do the course, what you hope to contribute, what you hope to gain, etc. (This should be roughly 500 words)*
2. *If in employment, is your employer willing to support you to do this course?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Yes:* |  |  | *No:* |  |

1. *If yes, please enclose a letter from your employer committing to release you from work on the days of the course [every Tuesday (10am-5pm), three Thursdays (6:30pm-9:30pm) and seven Saturdays (10am-5pm) throughout the academic year].*

I declare that all the particulars furnished on this application are true. I understand that I may be required to submit documentary evidence in support of any particulars given by me on this application.

**Signed**: **Date**:

**Please return this completed form with the relevant documentation and administration fee of €25 (cheques and transfers to: - Ballymun Youth Action Project. Allied Irish Bank:  IBAN IE80 AIBK 9321 3270 126268 BIC AIBKIE2D When paying by bank transfer please put your name in the payment narrative field) to** [**urrus@byap.ie**](mailto:urrus@byap.ie) **or by post Administrative Asst., Urrús, Horizons Centre, Balcurris Road, Ballymun, Dublin 11 by Thursday 12th May 2022.**