# Application Form

**Urrús Keyworking, Care Planning and Case Management**

**Please complete all sections.**

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

**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. Outline your current employment / volunteering in drug/alcohol sector or social care sector? Please give details (title, role and length of involvement)?

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2. How did you hear about this programme?

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3. Educational attainment to date, start with most recent: -

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

4. Why did you choose this programme?

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5. What will you bring to the programme?

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6. How do you see yourself using what you learn? Please outline…

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7. Please indicate 🗷 your availability for the following course dates: - 9th, 16th, 23rd, 30th Sept., 17th, 14th, 21st, Oct., 4th, 11th, 18th, 26th Nov. & 2nd Dec. 2021 / (Thursdays 10am-5pm): -

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|  |

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 via email to:**  urrus@byap.ie

by **Friday 20th August** and you will be contacted by email for follow-up.

**Please note that incomplete applications will not be considered.**