 

|  |
| --- |
| **Training Booking Form 2019** |
| **Name of Training**  | **Drug related Intimidation Reporting Programme** |
| **Date of Training**  | **12.9.2019** |
| **Applicant Details** |
| **Name:** |  |
| **Position Held:** |  |
| **Phone No:**  |  |
| **Email:** |  |
| **Organisation/Group Details** |
| **Name of Organisation/Group:** |  |
| **Organisation/Group details:** |  |
| **Profile of your target group:** |  |
| **Address:** |  |
| **Training Application**  |
| **What do you hope to learn from this training** |  |
| **Approval by Line Manager to attend training** | **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please return booking form to:**The MRDATF office email: Teresa.Murphy8@hse.ie or post to Teresa Murphy, MRDATF, Health Centre, Coosan Road, Athlone, Co Westmeath. You will be contacted by email to confirm if you have secured a place on the training. **Please ensure all sections of the booking form are completed.** |