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|  **Z:\Ruth Armstrong\Microsite\Documents\SaorLogo.jpg****SAOR©: Screening & Brief Interventions for Problem Alcohol and Substance Use** |
| **General Training Booking Form** |
| **Applicant Details** |
| **Name:** |  |
| **Location (county):** |  |
| **Position:** |  |
| **Phone No:**  |  |
| **Email:** |  |
| **Organisation Details** |
| **Name and location of Organisation:** |  |
| **Profile of your target group:** |  |
| **Training Application**  |
| **Have you previously completed any drug/alcohol training?** **Please give details** |  |
| **How do you think this training will be of benefit to you or the group with whom you work?** |  |
| **Do you have any special access requirements?**  |  |
| **Any other comment** |  |
| **Please return booking form to:**Complete the attached booking form and return to socialinclusion@hse.ie  |