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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 | | |