# Screening and Brief Interventions (SBI) for Problem Alcohol and Drug use Application Form

## Photocopy application form if necessary

#### Please complete application form in BLOCK CAPITALS

**One Day Course - please tick ✓ one of the following dates**

**Dates of Training: Thursday 7th May 2020 - Cork €**

**Wednesday 13th May 2020 - Kerry €**

**Thursday 10th September 2020 - Cork €**

**Thursday 5th November 2020 - Cork €**

**Signature of Line Manager / Supervisor (if HSE Staff)** …...……………………………………

**How do you think this training will be of benefit to you or the group with whom you work?**

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**Name**: ……………………………………………..………..……..……………………………..

**Job Title**: ……………………………………………………………….…………………………...

**Name of Organisation / Community Group** ………………………..………….……………….

**Work Address**:…………………………………………………………………………………………

**Contact Address**: …………………………………………………..………………………………..

***(confirmation details will be sent to this address-please state if home address***)

**Contact Tel / Mobile No**: .…………….……………………………………………………………..

**Email** ……………………………………………………………………………

**Do you have any special access requirements? Yes 🞏 No 🞏**

**Please explain** ……………………………………………………………………………………

**Signature:** ……………………………… **Date:** ………………………….

**Please return completed application form to:** [**marwin.jagoe@hse.ie**](mailto:marwin.jagoe@hse.ie)