



Ministers Initiative Funding 2019

Strand 2: Education Bursary

Who can apply?

Recovering drug/alcohol users who are resident in counties Galway Mayo & Roscommon and who wish to pursue further education and training

What courses can I do?

Level QQ5 and upwards delivered by a recognised education/training provider

How much am I likely to received?

Funding is available from €250 to €1500 and will be paid directly to course providers, as a contribution to towards the cost of course fees.

Applicants must contribute 20% of the overall course fee

How do I apply?

Application forms must be competed and these are available from training@wrdatf.ie or contact 091 480044. Application forms will also be available on the WRDATF website www.wrdatf.ie in the Training section

Completed application forms along with supporting documentation should be sent to:

Orla Walshe, WRDATF, Unit 6, Galway Technology Park. Parkmore. Galway or emailed to training@wrdatf.ie

Who decides on my application?

A sub-committee of the Western Region Drug & Alcohol Task Force will review all applications and award funding. In some instances, a short interview may be required or the identified support person may be contacted.

Further particulars

- Applications are invited from residents of counties Galway, Mayo & Roscommon who are in recovery from alcohol and drugs and who wish to pursue education and training
- Applications will only be accepted on the official application form
- Supporting documents must be included as follows:
 - Proof of address
 - Proof of offer of course (letter from course provider etc)
 - Signature from an identified Support Worker
- Applications of course fees that have already been paid will not be considered
- Applications for additional costs for books, travel, IT etc will not be considered
- Applications may be means tested
- Forms can be sent in at any point in 2019 up until November



Education Bursary Application Form:

Section A: Personal Details

Name:			
Address:			
Email:			
Phone Numbers:			
Circle your age category:	18-25	26-35	36-45 46-55 56-65 65 or older
Please tick box(s) that apply to you:	Employed full time	<input type="checkbox"/>	Unemployed more than 12 months
	Self employed	<input type="checkbox"/>	Unemployed less than 12 months
	Employed part-time	<input type="checkbox"/>	FAS/CE
	If employed or on a CE/TUS scheme, please outline your role within the organisation:		
Please tick your highest education attainment:	Primary School	<input type="checkbox"/>	Secondary School
	Junior Cert (or equivalent)	<input type="checkbox"/>	Leaving Cert (or equivalent)
	3 rd Level Education	<input type="checkbox"/>	
	If 3 rd Level Education please circle if Certificate, Diploma, Degree, Masters:		

Section B: Course Details

Course Title:			
Course Provider			
Start & Finish Date:		Duration of Course	
Full or Part Time?			
Award to be achieved			
Accrediting body			
Please ask your course provider for the following details:			
Name of person responsible for handling course fees			
Contact Number			

Section C: Potential Benefits/Impact of Course

Please outline the contribution you believe this course can make to helping your recovery (use additional pages if necessary)

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Please outline any other information that you think will support your application (use additional pages if necessary)

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Section D: Referees

Support Person/professional

Name:	
Address	
Tel:	
Email:	

Section E: Checklist, Permission and Signature

I confirm that:

- I have read and agree to the terms of the WRDATF Education Bursary
- I have completed all sections and the details re accurate
- I have attached proof of address (utility bill etc)
- I have attached proof of offer of a course place (or application if proof not yet available)
- I attach a reference from a treatment professional in support of my recovery history
- I attach a reference in support of my academic/learning potential
- I agree that I may be contacted at a future date to participate in an evaluation of the Bursary

Signed:

Date:

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