



## MINISTERS INITIATIVE FUNDING 2019

### STRAND 1: REHABILITATION BURSARY

#### Who can apply?

Individuals residing in Galway, Mayo or Roscommon who are in recovery from drug/alcohol use and who wish to pursue activities to support their recovery.

#### What can I apply for?

Applications are open for a range of activities that will help support an individual's recovery including but by limited to: Gym membership, driving lessons, group members/classes etc.

#### How much am I likely to received?

Funding is available for applications from €250 to €1500 and are paid directly to service providers, as a contribution towards the cost of fee.

Applicants must contribute 20% of the overall fee

#### How do I apply?

Application forms must be completed and these are available from [training@wrdatf.ie](mailto:training@wrdatf.ie) or contact 091 480044.

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](mailto: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.

#### Further details:

- Applicants must be resident in Galway, Mayo or Roscommon
- Applicants will only be accepted from those who are in recovery from drugs/alcohol and who wish to support their recovery.
- Official application form must be used to apply for funding
- Application for fees that have already been paid will not be considered
- Only one application per applicant per annum will be accepted
- Proof of address and offer of course must be submitted with application form
- Applications may be means tested



## Rehabilitation Bursary Application Form:

### Section A: Personal Details

<b>Name:</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Phone Numbers:</b>			
<b>Circle your age category:</b>	18-25	26-35	36-45 46-55 56-65 65 or older
<b>Please tick box(s) that apply to you:</b>	<input type="checkbox"/> Employed full time	<input type="checkbox"/>	<input type="checkbox"/> Unemployed more than 12 months
	<input type="checkbox"/> Self employed	<input type="checkbox"/>	<input type="checkbox"/> Unemployed less than 12 months
	<input type="checkbox"/> Employed part-time	<input type="checkbox"/>	<input type="checkbox"/> FAS/CE
	If employed or on a CE/TUS scheme, please outline your role within the organisation:		

### Section B: Application Details

<b>Funding sought for:</b>			
<b>Provider</b>			
<b>Start &amp; Finish Date:</b>		<b>Duration</b>	
<b>Please outline how you feel this will support your recovery?</b>			

**Please provide the following details for payment:**

<b>Name of person responsible for handling fees</b>	
<b>Contact Number</b>	