

## **Application Form for Drug & Alcohol Family Support Worker**

The Western Region Drug & Alcohol Task Force was set up in 2003 on foot of recommendations from the National Drugs Strategy (NDS), to facilitate a more effective response to substance misuse issues in the Western Region. The Western Regional Drug & Alcohol Task Force (WRDATF) is assigned responsibility for the development and implementation of a Drug and Alcohol Strategy for counties, Galway, Mayo & Roscommon. The WRDATF works in partnership with statutory, voluntary and community sectors to significantly reduce the harm by strengthening collaboration and capacity within the region. See [www.wrdatf.ie](http://www.wrdatf.ie) for further information.

### **Dear Applicant**

#### **Please read these instructions fully before completing Application Form**

1. A completed application form should be emailed to [maria.powers@wrdatf.ie](mailto:maria.powers@wrdatf.ie). Applications will only be accepted on the official Job Application Form and should be received by **Friday, September 17th** not later than **2.00 pm**.
2. An email confirming receipt of application will be sent out. Please contact Maria Powers if confirmation email is not received.
3. Short listing will be based solely on the information furnished on application form; therefore, you should ensure that the information given is sufficiently comprehensive and relevant to the post on offer.
4. Keep a photocopy of your completed Job Application Form.
5. Do not forward any cover letter, Curriculum Vitae, Certificates or References with the Application Form.
6. Referees will only be contacted by the Family Support Coordinator with the permission of the candidate.
7. The WRDATF is an equal opportunities employer.
8. The successful candidate will be employed by ARD Family Resource Centre, Doughiska, Galway
9. Canvassing will disqualify.

Thank you for your interest in working with WRDATF. We look forward to receiving your application

# Western Region Drug & Alcohol Task Force Application Form

Reference Number

CONFIDENTIAL

APPLICATION FOR POST OF: Drug & Alcohol Family Support Worker

## PERSONAL DETAILS

Name:

Address:

Telephone Contact Number(s):

E-mail;

Fax:

## EDUCATIONAL QUALIFICATIONS

Schools, colleges, etc. attended from age 11	Dates From - To	Qualifications obtained, certificates, diplomas, degrees etc.

**TRAINING COURSES**

Give brief information about any relevant training courses you have attended

<b>Name / type of training</b>	<b>Date/s</b>	<b>Name of institution or organisation responsible for delivering this training.</b>

**MEMBERSHIPS**

List all Professional Bodies, Voluntary and Community Sector (V&CS) Organisations, etc. of which you are or have been a member. If you played a specific role or undertook special responsibility within the organisation, please give details

<b>NAME OF PROFESSIONAL BODY, VOLUNTARY &amp;/OR COMMUNITY ORGANISATION, ETC.</b>	<b>YEAR(S) OF MEMBERSHIP</b>

**PRESENT OR MOST RECENT EMPLOYMENT**

<b>Date of appointment:</b>	<b>Date left (if applicable):</b>
<b>Salary:</b>	<b>Post held:</b>
<b>Name of Current/ Most recent Employer:</b>	
<b>Period of notice required:</b>	
<b>Please give a brief description of your duties and responsibilities:</b>	
<b>Reason for leaving (if applicable):</b>	

**PREVIOUS EMPLOYMENT AND VOLUNTARY EXPERIENCE**

Include all paid employment and any voluntary work relevant to your application

<b>Name &amp; address of Employer</b>	<b>Dates From-To</b>	<b>Position &amp; duties</b>	<b>Reason for leaving</b>

**REFERENCES**

Give details of two referees, including your current or most recent work placement, who would support your application

In the event of a job offer, would you be willing to give **WRDATF** your permission to contact the two referees for a reference?

Yes

No

**1. Current or most recent employment (Supervisor or Line Manager)**

Name:

Address:

Telephone No:

**2. Second Reference**

Name:

Address:

Telephone No:

**I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT (CAN BE TYPED).**

**SIGNATURE:****DATE:**