For Internal Use Only

Offer place YES/NO

Signed .....
Course Manager

LEEDS ADDICTION UNIT

APPLICATION FORM

for all non-assessed courses

Applicants for assessed modules should complete the longer LAU application form for all programmes and modules

Please complete and return to: Christine Weatherill, Training Department Manager
Leeds Addiction Unit, 19 Springfield Mount, LEEDS LS2 9NG
tel: 0113 295 1330 fax: 0113 295 1320
www.lau.org.uk/training/

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PERSONAL DETAILS

NB. *PRINT CLEARLY* This is how your name will appear on your Certificate of Attendance

Title	Forename(s)	Surname

Correspondence Address work/home*	telephone	fax
Address:		
* delete as appropriate	email	
BLOCK CAPITALS PLEASE		

HOW ARE YOU PAYING YOUR FEES

I enclose a cheque for £ made payable to Leeds Partnerships NHS Foundation Trust ☐

Please invoice my sponsor for £ (please give FULL details below and enclose written confirmation of funding) ☐

Invoice details	telephone	fax
Agency/Organisation:		
Contact Name:		
Address:	email	
BLOCK CAPITALS PLEASE		

PLEASE NOTE:

All cancellations must be in writing.
There can be no refunds for cancellations within 14 days of the course.

WHICH COURSE ARE YOU APPLYING FOR?

Course Title	**Dates**	
Motivational Interviewing (4 days)	21/22 February & 14/15 March 2011	☐
Psychopharmacology & Physiology of Addiction (6 days)	7/8 & 28/29 March, 18/19 April & 16/17 May 2011	☐
		☐
		☐

REASONS FOR APPLYING FOR THE COURSE

Briefly outline your reasons for wishing to attend this course (including how you think it will help you in your work) and also how much you already know about this topic. You may also add any additional information that you feel is relevant to your application. (please use a separate sheet of paper if necessary)

EMPLOYMENT

Current post

Name and address of employer

EDUCATION AND TRAINING

List your qualifications, starting with the most recent, including professional qualifications

Date	Institution	Subject	Qualification	Grade

Do you have a disability that you wish us to know about? Yes ☐ No ☐

Please include details of support that you require in relation to this disability on a separate sheet

SIGNATURE OF APPLICANT

Please state where you saw the course advertised

……

Signature	Date