

**Online Course Application Form**

**Continuing Professional Development - The Centre for Addiction Treatment Studies (CATS)**

WeWe are delighted you are int

We are delighted you are interested in one of our courses. To secure your place please complete the booking form below (one form per course) and make your payment as soon as possible by phoning the team on 01985 843780. Please send this form to: [training@actiononaddiction.org.uk](mailto:training@actiononaddiction.org.uk)

**Section 1: Course details**

|  |  |
| --- | --- |
| **Name of course:** |  |
| **Course date(s):** |  |

**Section 2: Personal details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Contact address:** |  |
| **Post code:** |  |
| **Contact telephone number:** |  |
| **Contact e-mail address:** |  |
| **Date of birth:** |  |

**Section 3: Entry requirements**

**Please note:** If you are applying for any CPD course with the Centre for Addiction Treatment Studies, we require all students to have some prior knowledge and experience of working in the addiction field or a related/relevant profession.

Please provide us with some details in the boxes below. These will be passed on to the course/ subject Tutor who will review all applications for their suitability. If there are any queries the course Tutor may wish to speak to you to discuss your application and level of experience:

|  |  |
| --- | --- |
| **Please list your professional qualifications (e.g. degree, diploma, award or certificate):** |  |
| **Please give details of your relevant work experience include the positions held, length of time in role and type of work undertaken:** |  |
| **Please explain why you want to participate in the course and how it relates to or will benefit your current role:** |  |
| **What are your expectations of the course?** |  |
| **Please specify how you heard about the course?** |  |

**Section 4: Statistical details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nationality** |  | **Gender** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnic Origin** | White | Mixed | Asian | Asian/  British | Black | Black/  British | Chinese | Other |

**Section 5: Learner accessibility needs**

|  |  |
| --- | --- |
| **Do you have a disability/**  **special needs/medical**  **Condition?** |  |
| **If yes, please give details** |  |

**Section 6: Data Protection**

All data that you provide will be stored and used by Action on Addiction under the terms laid down under the Data Protection Act 2018.

|  |  |
| --- | --- |
| We would like to keep you informed about **Action on Addiction’s** news and services by email including information about our courses at the **Centre for Addiction Treatment Studies**. **Tick here if you would like to receive these emails.** You can choose to unsubscribe at any time. |  |

**Section 7: Payment details**

Are you funding the cost of the course yourself: **Yes** **No**

If No, please provide details of who will be paying your course fees below.

**Section 8: Payment Authorisation – to be completed by authorising manager (Please complete in full – incomplete forms with be returned to the applicant)**

|  |  |
| --- | --- |
| **Name of Organisation (if applicable)** |  |
| **Name, address & email for invoicing purposes** |  |
| **If you are claiming a placement credit for this course please provide the CATS student name & start date (NB placement credits are only available for current students on placement with your organisation).** |  |
| **Authorising Manager/Sponsor name (block capitals)** |  |
| **Authorising Manager/Sponsor signature** |  |
| **Authorisation date** |  |

**Section 9: Booking information**

Please note places are only confirmed once full payment has been received **prior** to the start of the course. Please refer to our payment terms and cancellation policy on our website:

<https://www.actiononaddiction.org.uk/education-training/training-courses/distance-learning>

Places are allocated on a first come, first served basis. All courses require a minimum number of participants to run and have a maximum number of spaces available. Courses may be cancelled if the minimum number is not reached.

**Section 10: Declaration**

|  |  |
| --- | --- |
| **I confirm that I have read and understood the contents of this application form.** **Please tick the box to confirm your booking:** |  |

**Returning this form:** Please email the completed form to: [training@actiononaddiction.org.uk](mailto:training@actiononaddiction.org.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use Only** | | | |
| **Approved by tutor** |  | **Registered on AoA Moodle** |  |

**Action on Addiction** The Centre for Addiction Treatment Studies Warminster Wiltshire BA12 8PY | **T** 01985 843780

Charity No 1117988 | Company No 05947481 | www.actiononaddiction.org.uk | training@actiononaddiction.org.uk

**Action on Addiction** for Families Centre for Addiction Treatment Studies, the Manor House, Warminster BA12 8PY 6BE | **T 01985 843782**

Charity No 1117988 | Company No 05947481 | www.actiononaddiction.org.uk | email: ForFamilies@actiononaddiction.org.uk