



Unit 5, Oakfield, Clondalkin, Dublin 22
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COMMUNITY TRAINING FUND

APPLICATION FORM

Attach additional pages if necessary

Name of Organisation:	_____
Address:	_____
Tel. No.:	_____
Date of Birth:	_____

**Return completed application form to the:
Drug Education Worker at the address shown above**

All information on this form will be treated with strictest confidence and will be used solely for the purpose of this particular application

COMMUNITY TRAINING FUND

Grant Application to provide financial assistance to enable people living or working in Clondalkin to access short term courses and conferences related to addiction

CRITERIA

Please Note:

1. This fund is available to enable local people from the community to attend short courses and conferences related to addiction.
2. Support will take the form of a small grant or contribution towards the cost of the course or conferences.
3. Decisions about each application will be based solely on the information provided on the form.
4. All sections of the form should be completed fully.
5. Application forms will be accepted on an ongoing basis where budget is still available.
6. For successful applicants grants will only be available on submission of receipts/invoices.
7. Completed application forms should be returned to the Drug Education Worker at address shown above.

Course/Conference Details

Please give details of the training programme which you are currently seeking funding.

Course/Conference Title: _____

Location of course/conference: _____

Dates of course/conference: _____

Duration of course/conference: _____

Details of proposed course/conference: _____

(Please enclose literature containing details of the above)

Please state your reasons for wanting to attend this course/conference:

How do you see yourself using this course in the future?

Please outline the relevance/impact this course/conference will have on the drug issue in Clondalkin:

Do you have any involvement in the Clondalkin community? If so, please outline:

Have you previously applied to and received funding from the Clondalkin Drug Task Force. If so, please state when and for what purpose?

Where/from whom did you hear about this application?

Signed: _____

Date: _____