



---

# Volunteer Addiction Counsellors' Training Program Application Form

Family Name.....Given Name.....  
(Ms, Mrs, Miss, Mr)

Address .....

.....Post Code.....

Telephone (work).....Home .....

Fax .....

Age .....

---

## 1. Educational Background

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....



**4. Why are you interested in being a voluntary counsellor?**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**5. What is your interest in the alcohol and drug field?**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**6. Any other information that you would like to include**

.....

.....

.....

.....

.....

**References**

**Please supply the name and addresses of two referees**

**1** .....

.....

.....

**2** .....

.....

.....

**Please complete this application form and return with:**

**2 copies plus your original application to the  
below mentioned address by closing date  
Friday, 27 March 2009.**

**Please Note: No faxed applications will be accepted**

<p><b>To: Ms Sue Helfgott, Manager Workforce Development Drug and Alcohol Office PO Box 126, MOUNT LAWLEY. WA 6929</b></p>
--