



Student Placement Application Form

Thank you for your interest in the Ana Liffey Drug Project. All student applications are reviewed with consideration of current student opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name: _____

Date of Birth: _____

Address: _____

Phone: _____ E-Mail: _____

Emergency contact details

Name: _____ Relationship: _____

Telephone: _____ Mobile: _____

Course Details

School Name: _____ Course Name: _____

Tutor Name: _____ Tutor email: _____

Tutor Phone: _____ Total number of placements hours: _____

Proposed Start Date: _____ Proposed End Date: _____

Education and Training

Please provide details of your previous education and training experiences in the section below.

Period From/To	Name of School, College or Training Centre Attended	Name of Course/Qualifications

Employment

Please provide details of any relevant employment experiences to date in the section below.

Period From/To	Name and Address of Employer	Position held and brief summary

Further Information

1. Please list the main subjects / topics on your course.

2. What are the objectives of your placement?

3. What do you think you can bring to the placement in terms of skills, experience and abilities?

4. Why do you want to complete your placement with the Ana Liffey Drug Project? What is your understanding of a harm reduction ethos?

5. Is there an activity that you are particularly interested in for your proposed placement?

6. Where do you wish to complete your placement?

- Dublin
- Limerick

7. Please tell us how you heard about the Ana Liffey Drug Project?

- Ana Liffey Drug Project Website
- Word of Mouth
- Pamphlet/Flyer
- Internet site, please specify: _____
- Volunteer Centre
- Media Radio / Television / Newspaper
- Other _____

Availability

Please fill in details regarding your availability and any requirements regarding the days/hours per week of your placement.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Are there any additional requirements for your proposed placement (such as additional block weeks, specialist supervision, etc.)? Please provide details.

Equal Opportunities

Ana Liffey Drug Project is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, colour, nationality, religion, sex, marital status, family status, sexual orientation, disability, age or membership of the Traveller Community. Ana Liffey Drug Project fully endorses a working environment free from discrimination and harassment.

All staff and volunteers are required to complete a Garda Vetting Form as part of the application process. In the meantime, please complete the question below.

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

Yes No

If you ticked yes, please provide details below:

References

1.

Name: _____ Relationship: _____

Organisation: _____ Position: _____

Phone: _____ E-Mail: _____

2.

Name: _____ Relationship: _____

Organisation: _____ Position: _____

Phone: _____ E-Mail: _____

If you have any queries when completing this application form, please e-mail us at info@aldp.ie. If you would like to find out more about the Ana Liffey Drug Project you can visit our website at <http://www.aldp.ie>.

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. The Ana Liffey Drug Projects works from a hard reduction, low-threshold approach. All my actions as a volunteer will reflect the ethos of Ana Liffey Drug Project.

Signed _____ Date _____

For office use only

Notes

Date Application Received _____

Sent to Team Leader _____

Volunteer Contacted _____

Volunteer Interview _____

References Collected _____

Volunteer Position _____

Volunteer Start Date _____

Volunteer Induction Date _____

Volunteer End Date _____