

The more information you can give us, the more effectively we can assess what training help we are able to offer. If you do not have enough space on this form please use an additional sheet of paper.

- **Any** information you enter on this form will be treated in the strictest confidence by LFTW.
- **Based** on the content of this form we will make recommendations on how we may be able to help you and also about any other help we believe you may need from other providers.
- **Completing** this form does not commit you to any training for you, your staff or your project*.

Personal Details

Your Name	Your Address
Contact Landline phone	
Contact Mobile	
Email	
Fax	Postcode
<p>If you are currently involved in any sort of work with drug/alcohol abuse, please briefly describe the nature of the service and what you do personally.</p>	<p>a) What personal involvement do you have with anyone who has a drug/alcohol or other addiction problem? (Friend, member of family etc)</p>
<p>a) What personal qualifications relating to the misuse of drugs/ alcohol or other addiction issues do you currently have?</p>	<p>b) What is the nature of your involvement? (Helper, counsellor, providing moral support)</p>
<p>b) What workshops or training courses relating to the misuse of drugs/ alcohol or other addiction issues, have you attended?</p>	

Project Details (part 1)

The Project	Any associated Church
Name of:	Name of:
Address of:-	Address of:-
Post Code:	Post Code:
a) Name of Project Leader:	a) Name of Senior Leader:
b) Leader's phone contact:	b) Leader's phone contact:

*The term 'Project' is used here to describe a specific service that is offered to people with drug/alcohol or other addiction problems. The project could be totally church based, part of the overall ministry of the Church, but separate from other activities, or not directly connected to a Church at all. The project may or may not use Church premises.

Project Details (part 2)

If you need more space to explain the situation please attach a separate sheet of paper

<p>At what development stage is the work on this project? (Planning, ongoing, involved in care, etc. Where appropriate please indicate any timing issues.)</p>	<p>a) Describe the ultimate vision for this project in working with drug/alcohol abuse.</p> <p>b) Is this a personal vision or a church/organisation vision?</p>
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<p align="center">How many project Workers</p>		<p>What qualifications do other project workers have relating to the misuse of Drugs or Alcohol?</p>		
<table border="1"> <tr> <th>No. of Workers</th> <th>How many hours per week</th> </tr> </table>	No. of Workers		How many hours per week	
No. of Workers	How many hours per week			
<table border="1"> <tr> <td>Paid</td> <td></td> </tr> </table>	Paid			
Paid				
<table border="1"> <tr> <td>Volunteers</td> <td></td> </tr> </table>	Volunteers			
Volunteers				

<p>What level of experience do workers have in running projects courses relating to the misuse of drugs/ alcohol or other addictions?</p> <p>i</p>	<p>What workshops or training courses relating to the misuse of drugs/ alcohol / addictions have other project workers attended, or have been run for you as a project?</p>
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Describe any existing or planned management, or supervisory, structures relating to this project, including performance monitoring and accountability arrangements etc. for the safety of staff and clients.

<p>Have you experienced any difficulties in the project that you feel could have been avoided if staff had received training?</p>	<p>Would there be value in some training for a wider audience, e.g. supporters or Church members, or a wider group of family members? (If possible give a broad indication of numbers and areas.)</p>
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<p>Are you aware of any specific areas of knowledge that your project lacks, or of the need to increase general areas of awareness that might help you or the project performance?</p>	<p>Could you outline any other factors that you think may be useful for us in looking at your need</p>
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Are you and your project aware of the **DANOS** (Drug and Alcohol National Occupational Standards) competency requirement for 2011? Yes No Please send details

<p>Signed:</p>	<p>Date</p>
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