

Certificate in the Management of Drug Misuse Part 2

Application Form for Candidates

Please note that all sections **must** be completed and signed. The application will not be processed if the form is incomplete.

1. PERSONAL DETAILS

First Name:	
Last Name:	
Job Title/Post/Role:	
GMC/NMC/GPhC: (as/if appropriate)	
Main Employer:	
Work Address:	
Post Code:	
Home Address:	
Post Code:	
Telephone Numbers:	Home: Work: Mobile:
E-mail Address:	Work: Personal:
Preferred e-mail address for correspondence:	
Previous Qualifications relevant in past 2 years / FDAP membership number (For drug workers only)	Qualification type: Year: Qualification result:

Where did you hear about this course?	Journal/Magazine Newsletter SLD Training Website Conference Previous Course Pack Other (please specify)
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2. FUNDING AND PAYMENT DETAILS

This section must be completed **for/by all applicants** including those self-funding to enable SLD Training to recover payment for the course. Where funding is met by an organisation on your behalf, the appropriate budget holder **MUST** complete this entire section of the form and sign it to authorise invoicing.

Candidate Name in Full:	
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How will your place be funded? Please tick the relevant box.	<p>SELF FUNDED</p> <p>(Please note that if you are self-funding, once your application has been approved, you will be guided to complete your details online where payment will be taken. Please continue to Section 3).</p> <p>FUNDING ORGANISATION</p> <p>(If your organisation is funding this course, please ask that they fill in the remaining details in Section 2).</p>
Name of funding organisation:	
Address of funding organisation:	
Post code:	
Budget/account holder name:	
Budget/account holder email address:	
Contact person within finance who will make the payment:	
Email address of contact within finance:	

Telephone Number of contact person:	Work: Mobile:
Purchase order number (where applicable):	
Signature of budget holder	

Please note that non-payment of this course may result in an organisation being referred to the Local Education Training Board (LETB)

3. SUPPORTING STATEMENTS

<p>How will you use this course to change your work/practice? Please refer to the course aims and learning outcomes and ensure that you complete this section fully:</p>
Empty space for supporting statements
<p>What was the date of your last appraisal?</p> <p>Please attach a copy of your learning objectives when submitting this form.</p>
<p>Date of appraisal:</p>

Why was this course identified as part of your personal development plan?

Are you currently undertaking, or intending to undertake any other course?

If yes, please provide details:

Yes

No

This course requires you to have access to patients with substance misuse problems on a regular basis. Please detail the context in which you currently provide care to substance misuse patients.

If you are applying as a patient candidate, please identify if you work/volunteer as an advocate in drug services. If you do, please describe this aspect of your work. Also indicate your level of experience, the period over which you have been involved with drug users, member of a user's group (please state which one), and anything about your own history that you feel is relevant.

Please provide the date and place that you completed the Certificate in the Management of Drug Misuse Part 1 (RCGP Accredited) course. Please attach a copy of your Certificate of Completion (not your e-module certificate) when submitting this form. Failure to do so may result in your application being rejected.

Date:

4. SELF-DECLARATION

Please list any outstanding complaints against you. While this will not prejudice your application, SLD Training reserves the right not to offer a place to any candidate who is the subject of an unresolved complaint and will carry out appropriate checks if necessary.

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Are you currently under any disciplinary process, with the GMC/NMC/GPhC or other relevant professional body? Are you currently referred to the NCAA or other clinical governance system?

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Signature:	
Name:	
Date:	

5. SUPPORTING STATEMENT/TESTIMONIAL FROM SPONSOR/MANAGER

Please note that this section **must** be completed and signed by a sponsor or manager for **all** applications. The application will not be processed if the form is incomplete.

Candidate Full Name:	
Candidate Job Title:	
<p>The above-named candidate has applied to do the Certificate in the Management of Drug Misuse Part 2. This course costs £2,040 inc. VAT and requires an average of 9 study days between June and the following February.</p> <p>Payment is required in advance and is non-refundable 2 months prior to the confirmed start date.</p> <p>The full SLD Training cancellation policy is stated on page 9 of this application form.</p>	
SPONSOR/ MANAGER DETAILS	
First Name:	
Last Name:	
Job Title:	
Email Address:	
Telephone Number:	Work: Mobile:
Organisation:	
Address:	
Post Code:	
Relationship to candidate:	
Please confirm if you agree to this candidate's statement and support their application.	YES NO

Statement supporting application - with specific endorsement stating applicant is capable of completing the course requirements. The application will not be processed if the form is incomplete.

Please note that regardless of professional background all candidates will be expected to be currently working in a post where they will have the opportunity to work with substance misuse patients, as successful completion of much of the course work is dependent upon demonstrating skills of assessment, diagnosis, care planning or safe provision of therapeutic interventions.

Please demonstrate that this is the case when completing your supporting statement.

By signing this statement, you are confirming that this individual will be given the time and support to complete this course.

SIGNATURE:

DATE:

6. TERMS AND CONDITIONS

Your place will be considered on receipt of the completed application form with the following sections appropriately completed and signed:

- Application self-declaration
- Supporting statement/testimonial from sponsor/manager
- Funding details
- Drugs Part 1 Certificate
- Copy of learning objectives
- Terms and Conditions

All places on the course will be confirmed by email once your application has been approved by SLD Training. At this stage you will be asked to make your payment online or completion of funding organisations details.

Course fees per candidate: £2,040 inc. VAT.

7. CANCELLATION POLICY

- Payment for the course is required in advance of the confirmed start date.
- Notification of withdrawal from the course must be given in writing by either post or email.
- Your course fees must be paid upon completion of the online booking.
- If your organisation is funding your place on the course, payment must be received within **30 days** of the date of the invoice or prior to the course start date.
- If you withdraw your application with less than 2 months' notice, a fee of £500 will be payable to SLD Training.
- If you withdraw from the course after your allocated Regional Master Class, you will be responsible for the full course costs of £2,040 inc. VAT. No refund of the fees will be given, apart from exceptional circumstances, and at the discretion of the Medical Director of SLD Training.

Please sign and date this document along with other areas that need signatures as an agreement to these terms and conditions. **Applications will NOT be accepted if all sections have not been completed including appropriate signature(s).**

Please return this **fully completed** form to hello@sldtraining.co.uk no later than the **30th of April 2022**, as late applications will not be considered.

Full name:	
Signature of candidate:	
Date:	