

Management of Drug Misuse Part 2 Application Form for Candidates

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

1. Personal Details

Title:	
First Name:	
Last Name:	
Job Title/ Post/ Role:	
Professional Registration Number:	
Main Employer:	
Work Address:	
Post Code:	
Work Contact Number:	
Work Email Address:	
Home Address:	
Home Post Code:	
Personal Contact Number:	
Personal Email Address:	
Preferred Email for correspondence:	
Previous relevant qualifications in the last 5 years:	

Where did you hear about this course?	Journal/Magazine
	Newsletter
	SLD Training Website
	Conference
	Previous Course Candidate
	Other (please specify)

2. Funding & 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.

Name of Candidate:		
How will your place be funded? Please tick the relevant box.	Self Funded ☐	(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).
	Funding Organisation ☐	
(If your organisation is funding this course, please ask the relevant individual to complete the remaining details in this section).		
Name of Funding organisation:		
Address & postcode of funding organisation:		
Budget/account holder name:		
Budget/account holder email address:		
Contact person within finance who will be responsible for the payment:		
E-mail address of contact within finance:		
Work telephone number of contact person:		
Mobile telephone number of contact person:		
How will the organisation be funding the course?:	Invoice ☐	Payment via SLD Training website ☐
This section is for invoice funding only	Have you been invoiced by SLD Training previously?	
	If no, have you completed the SLD Training New Client Form?	

	Does your organisation require a PO Number?	
	If yes, please confirm PO Number:	
	Have you completed SLD Training's Invoice Request Form?	
Signature of budget holder: (Please insert signature)		

3. Supporting Statements

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:
What was the date of your last appraisal?
Please submit a copy of your learning objectives when submitting this form.

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

Are you currently undertaking, or intending to undertake any other course while this course takes place?

If yes, please give details:

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 that you completed the Certificate in the Management of Drug Misuse Part 1 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.

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.

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

Applicants signature:
(Please insert signature)

Full 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:

Candidates Job Title:

The above-named candidate has applied to do the Management of Drug Misuse Part 2. This course costs £2,040 including VAT and requires an average of 9 study days between September 2025 and June 2026.

Payment is required in advance and is non-refundable 2 months prior to the confirmed start date.

The full SLD Training cancellation policy is stated on [page 7](#) of this application form.

Sponsor/ Manager Details		
First Name:		
Last Name:		
Job Title:		
Email Address:		
Work Contact Number:		
Organisation:		
Address:		
Postcode:		
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: (Please insert signature)		
Date		

6. Terms & Conditions

Your place will be considered on receipt of the completed application form with the following sections appropriately completed and signed. Please confirm these have been completed and included with the application:

- ☐ Application self-declaration
- ☐ Funding details
- ☐ Copy of learning objectives / Most recent appraisal
- ☐ Drugs Part 1 Certificate
- ☐ Supporting statement from the applicant
- ☐ Supporting statement/testimonial from sponsor/manager

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 we will invoice the funding organisation.

Course fees per candidate: £2,040 including 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 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
- 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 you have received the course materials and have been allocated a Tutor in readiness for the 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 in exceptional circumstances, and at the discretion of SLD Training's Head of Operations.

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 along with supporting documents to hello@sldtraining.co.uk using the submit button below no later than the 5th September 2025, as late applications may not be considered.

Please be aware that any applications received less than 4 weeks prior to the course date will result in reduced time to review and complete the mandatory pre-course work and make payment of any invoice raised. By signing the below and submitting your application, you agree that it is your responsibility to ensure you have completed the work required and ensured that payment for the course has been made in full, prior to the course start date.

Full Name:	
Signature of Candidate: (Please insert image of signature)	
Date:	