

Management of Drug Misuse Part 2 (CPD Accredited)

Application Form

Please note that all sections must be completed and signed.
Your 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:	

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

Please tick the relevant box to indicate how your place be funded.	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).
	Organisation ☐
	(If your organisation is funding this course, please ask the relevant individual to complete the invoice request form which can be found on the SLD Website).

3. Supporting Statements

How will you use this course to change your work practice?

Refer to the course aims and learning outcomes and ensure that you complete this section fully:

Last appraisal date:

Please confirm you will include 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?

Yes No

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 (CPD Accredited) course.

Please confirm you will include a copy of your Certificate of Completion (not your eLearning certificate) when submitting this form.

4. Supporting Statement from Sponsor/Manager

Please note that this section **must** be completed and signed by a sponsor or manager. 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 2026 and June 2027. The full SLD Training cancellation policy is stated on section 5 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:
(insert image of signature)

Date:

5. Terms & Conditions

- 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
- 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 the Head of Operations of SLD Training.
- Your preferred email address will be shared with your tutor and cohorts to enable collaboration throughout the course. If you wish to opt out, please email hello@sldtraining.co.uk 14 days prior to commencement of the course.

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

Please be aware that any applications received less than 4 weeks prior to the course date will result in reduced time to review & complete the mandatory pre-course work and change payment of any invoice raised from 30 days to immediate payment required. 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: (insert image of signature)	
Date:	

****Please continue to complete & sign the Declaration of Probity****

6. Declaration of Probity

The information provided will be treated as confidential, and the disclosure of an issue will not of itself render you ineligible for the course

Failure to disclose a material issue will, however, be treated as a breach of contract, and an appropriate sanction will be applied, up to and including revocation of your place on the Drug Misuse Part 2 course.

I declare and confirm that within the last 5 years I have not had:

- any criminal litigation or investigations against me
- any civil proceedings or investigations against me which involve dishonesty or professional or personal conduct which might adversely affect the reputation of SLD or my ability to carry out the representative role effectively
- any referrals to the Professional Regulatory Authority or employing organisation, or any other professional organisation of which I am a member
- any formal complaints made against me (work or professional) – i.e., any complaints not dealt with by the internal practice complaints procedure
- any referrals for breaches of the Code of Conduct
- any previously upheld complaints to the Professional Regulatory Authority or employing organisation

(If yes to any of the above, please give **brief** details below, with dates)

I understand that this Probity Declaration is a continuing obligation, and should my circumstances change to alter any of the above facts, I agree and undertake to advise SLD Training **immediately**.

I undertake to uphold and abide by SLDs Terms and Conditions, breach of which will be an offence subject to the appropriate sanction.

Signature:
(insert image of signature)

Date: