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Before you complete your application form, please ensure that you have read the 2018 Volunteer Drug and Alcohol Counsellors’ Training Program Information Sheet (available here:<https://www.mhc.wa.gov.au/training-and-events/training-for-volunteers/>).

The Volunteer Drug and Alcohol Counsellors’ Training Program aims to recruit people from diverse backgrounds, life experience and professions.  Please feel free to share any details of your personal life journey that you think may provide an insight into what is motivating you to apply and sheds light on what you believe you have to offer.

**Family Name**...............................…..…………………

**Given name**.................................................. **(Ms, Mrs, Miss, Mr, Dr)**.........................

**Address** .........................................................................................................................……...….

......................................................................................................**Post Code**.....................

**Telephone** (**work)**...................................…...**Home** ...........................…………................

**Email**.........................................…..........................................................................

**Age** ........................................…….

**1. Educational Background**

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**2. Occupational Background Including Volunteer Work**

Please include any skills or knowledge you think would be relevant to a counselling role, even if you have not worked in this role before.

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**3. Previous counselling experience, if any**:

Please describe any formal or informal counselling you have provided in your work or home life.

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Please attach an extra page if you require more space.

**4. Why are you interested in being a volunteer counsellor?**

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**5. What is your interest in the alcohol and other drug field?**

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Please attach an extra page if you require more space.**6. Any other information that you would like to include**

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Please attach an extra page if you require more space.

# References

**Please supply the name, contact number and addresses of two referees**

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**2** .........................................................................................................................................…...

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**Please complete this application form and return to the address below (mail, email or fax are acceptable)**

**by no later than 4.00pm Tuesday, 3 April 2018.**

**Please note: Late applications will not be accepted.**

**To:** Ms Judi Stone

Manager Workforce Development

Mental Health Commission

**Postal Address:** P.O. Box X2299 Perth Business Centre WA 6847

**Email:** AOD.training@mhc.wa.gov.au

**Fax:** 08 6553 0400