



## 2023 WRDATF Education Bursary Application Form

Applicants Details	
<b>Name:</b>	
<b>Address:</b>	
<b>Age:</b>	
<b>Employment Status:</b>	

Application Details:	
<b>Course Title:</b>	
<b>Course Provider:</b>	
<b>Cost of Course:</b>	
<b>Amount being applied for:</b>	
<b>Start &amp; Finish Date:</b>	
<b>Full or Part-time:</b>	
<b>Award to be achieved:</b>	
<b>Accrediting body:</b>	

Please outline the contribution you believe this course can make to supporting/helping your drug/alcohol recovery (use additional pages if necessary)

**Additional Information:**

Please outline any other information that you think will support your application  
(Use additional pages if necessary)

**To be completed by referrer/support worker**

Name:

Organisation:

Contact No:

Email address:

Relationship to the applicant e.g., counsellor, support worker, family member etc.

How will this bursary support the applications recovery from drugs/alcohol?

Please submit a letter of support in addition to this application form via email to [orla.walsh@wrdatf.ie](mailto:orla.walsh@wrdatf.ie).

**Checklist**

I confirm that:

- I have read and agree to the terms of the WRDATF Education Bursary
- I have completed all sections and the details re accurate
- I have demonstrated how this application will support my recovery
- I have attached proof of address (utility bill etc.)
- I have attached proof of offer of a course place (or application if proof not yet available)
- My referee has attached or sent in a letter of support for my application
- I am in a position or will be in a position to pay the 20% contribution (or up to a maximum of €200)
- I agree that I may be contacted at a future date to participate in an evaluation of the Bursary

**Signature and Date**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_