

Authorised Persons Training Request

Volatile Substance Abuse Prevention Act 2005

Completed forms to be sent to:

Northern Territory Department of Health

Mental Health Alcohol and Other Drugs Branch

E: MHAOD.DoH@nt.gov.au

Or

PO Box 40596

CASUARINA NT 0811

Ph: (08) 8999 2766

| Personal Information | | | | | |
|--------------------------------------------|--|--------------------------------------------------------|--|----------------------------------------------------------|--|
| Last name (Family name) | | Given Name | | | |
| Middle name/s | | Are you known by any other names? (if yes, specify) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Community or location you are working with | | | | | |
| Occupation | | Employer | | | |
| Date of Birth | | Gender | | | |
| Telephone (home) | | Telephone (mobile) | | Telephone (work) | |
| Email address | | | | | |
| Home address | | | | | |
| Postal Address | | | | | |

| Education/Qualifications | |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provide copies of certificates where possible | |
| Highest education level | |
| Background | <input type="checkbox"/> Youth work <input type="checkbox"/> Community Services <input type="checkbox"/> Alcohol and Other Drugs <input type="checkbox"/> Local Government <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other – Specify: _____ |
| List qualifications achieved | <ul style="list-style-type: none"> • • • • • |
| Other skills | |

| Declaration and Consent | |
|-----------------------------------------------------------------------------------------------------------------|--|
| To the best of my knowledge and belief the information contained in this application is true and correct | |
| Signature of applicant | |
| Date | |