

CRUN Targeted Education & Prevention Programme
Drugs, Alcohol & Women's Health
Enrolment Form

Organisation: _____

Title: **Mr Mrs Miss Ms (please circle)**

Name: _____

Home Address: _____

_____ **Postcode:** _____

Date of Birth: _____ **Email:** _____

Tel No.: **Home:** _____

Mobile: _____

Work: _____

Course Venue/Location: **8th June @ Trinity Church, Ballymoney**

or **10th June @ Causeway Hotel, Bushmills**

Do you have any special needs that you want us to be aware of?

Are you employed/unemployed?

Where did you learn about this course?

Signed: _____ **Date:** _____

**Please return this form to: Amanda McAuley, Project Assistant –
CRUN Targeted Education & Prevention Programme
1a Railway Road
Coleraine BT52 1PD Tel: 7034 4934
Fax: 7035 3984 or email: amanda@crun.org**