



HERTFORDSHIRE DRUG EDUCATION FORUM

Name:	
Organisation:	
Job Title	
Address	
Location	
Phone No:	
Mobile No.	
Fax No.	
Email address	
Disclosure Date (CRB clearance)	
Date submitted	
Key Skills:	
Specific Topics Offered	
Costs	
Availability	

Drug Education Delivered	Date	Where was the education delivered	Target audience
Drug Training Delivered	Date	Where was the training delivered	Target audience
Drugs Training Received	Date	Training Programme	Training Organisation
Professional Qualifications	Date	Professional Qualification	Institution

Member of Professional Body

Educators Target Group (please tick)	Key Stage 1 (5-7 years old)	Key Stage 2 (7-11 years old)
	Key Stage 3 (11-14 years old)	Key Stage 4 (14-16 year olds)
	Post 16 and further education settings	Parents/carers
Trainers (please tick)	Level 1	Level 2

Please return the form electronically to jane.holton@hertscc.gov.uk.

Copies of all relevant documents and a signed copy of this form to be sent to Jane Holton, Young Peoples Substance Misuse Team, SFAR102, Farnham House, Six Hills Way, Stevenage SG1 2FQ.

Organisation Information

Does your organisation have the following: (please tick)

- Drug information/education policy
- Staff development and training policy
- Supervision policy
- Joint working policy
- Skills audit
- Equal opportunities policy
- Policy for consulting and involving young people

I certify that, to the best of my knowledge and belief that the information above is correct.

Signature of Applicant

Date

Signature of Line Manager

Date

For Office Use Only
Date of Induction:
Date pledge signed
Date profile entered on database
Copies of qualifications and CRB check received

