



Trauma Training

Name: _____ Mr/Mrs/Ms/Miss _____

Address: _____

Postcode: _____

Email: _____

Tel No: Day _____ Evening _____

The **WAVE Training Programme** is for those who have been bereaved, traumatised or injured through the 'Troubles' in Northern Ireland or those working in the community or with Agencies impacted by the legacy of Conflict in Northern Ireland and the border areas. It may also be of interest to those who wish to pursue further study in trauma related areas.

Community Relations Council



European Union
 European Regional
 Development Fund
 Investing in your future



A project supported by the European Union's PEACE III Programme managed for the Special EU Programmes Body by the Community Relations Council/Pobal Consortium.



WAVE Trauma Centres

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www.wavetraumacentre.org.uk



Trauma Training

Application Form



Accredited Open College
 Network Courses





What other courses have you taken with Wave or other accredited Training Bodies?

Please state where you heard about these Training Programmes.

Would you please provide details on which course you would like to do, and your preferred venue.

Please tick any of the following that are relevant to you:

In Full Time Employment

Part time Employment

Jobseekers/ Unemployed

At School

At University

At College

Income Support

Incapacity Benefit

Mature Student

Are there any special circumstances which may have an impact on your participation in or completion of the training programme?.

Declaration

I confirm that I have read the Guideline Notes and Conditions of Funding and understand that any training paid by WAVE will be completed.

I also declare that the information in this application form is to the best of my knowledge, true and complete.

Signature _____ Date _____

Office Use Only			
Date of issue		Office	
Date Received		Outcome	

