Before you complete your application form, please ensure that you have read the 2025 Volunteer Drug and Alcohol Counsellors’ Training Program Information Sheet (available here:<https://www.mhc.wa.gov.au/training-and-events/training-for-volunteers/>).

The Volunteer Drug and Alcohol Counsellors’ Training Program aims to recruit people from diverse backgrounds, life experience and professions.  Please feel free to share any details of your personal life journey that you think may provide an insight into what is motivating you to apply and sheds light on what you believe you have to offer.

**Family Name**...............................…..…………………

**Volunteer Drug and Alcohol Counsellors’ Training Program**

**Application Form**

**Given name**.................................................. **(Ms, Mrs, Miss, Mr, Dr)**.........................

**Address** .........................................................................................................................……...….

.................................................................................................**Post Code**.....................

**Telephone** (**work)**...................................…...**Home** ...........................…………................

**Email**.........................................….................................................................................

**Age** ........................................………………………………………………………………………………..

**1. Educational Background**

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**2. Occupational Background**

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**3. Previous counselling experience, if any**:

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Please attach an extra page if you require more space.

**4. Why are you interested in being a volunteer counsellor?**

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**5. What is your interest in the alcohol and other drug field?**

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**6. Any other information that you would like to include**

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Please attach an extra page if you require more space.

# References

**Please supply the name, contact number and email addresses of two referees**

**1**  .........................................................................................................................................…...

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**2** .........................................................................................................................................…...

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**Please use the following naming convention for your application file and email subject line for submission**:

First name Surname - *Volunteer Drug and Alcohol Counsellors’ Training Program 2025 - submitted date submitted*

*Example: Jane Doe - Volunteer Drug and Alcohol Counsellors’ Training Program 2025 -Submitted 08 March 2025*

Please email your completed application form no later than 4.00pm   
**4 April 2025** to [AOD.training@mhc.wa.gov.au](mailto:AOD.training@mhc.wa.gov.au)

**Please note: Late applications will not be accepted.**