

**Application for Residential Bursary Funding**

**Applicant details**

Counsellors Name \_\_\_\_\_

Area \_\_\_\_\_

Specify if Clinical or Non Clinical Referral \_\_\_\_\_

Client Code \_\_\_\_\_

Client age \_\_\_\_\_

Sex \_\_\_\_\_

Drug History \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Background/ Drug use \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treatment history**

**Please outline current and previous treatment received:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treatment centre (including length of stay)** \_\_\_\_\_

**Doctor** \_\_\_\_\_

**Counsellor** \_\_\_\_\_

**Outreach Worker** \_\_\_\_\_

**Rehabilitation Officer** \_\_\_\_\_

**Current Social Situation**

**What supports are already in place? (ie. Family, housing, no. of dependants...)**

**Does client have any impending warrants/charges against them?**

**Employment/Training/Education history**

**Financial Details**

Please outline income or social welfare payments received.

No. of dependants

Other financial constraints

**Hobbies/Interests**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motivation**

**Why does the client wish to enter into a rehabilitation programme?**

**What are clients ...**

Short term goals

Long term goals

**Funding request details**

**Specify residential centre chosen to complete rehabilitation**

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**Reason for choice**

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**Funding**

**Total cost of programme (please include any deductions from Social Welfare)**

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**Have you applied for funding through any other source?**

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**Have you applied to H.S.E. rehabilitation programmes?**

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**Is client in possession of current medical card?**

**Yes / No**

**Total funding Requested**

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Signed: Client

Signed: Counsellor

Signed: Doctor (clinical referral)

Signed: Local rehabilitation or drugs awareness programme)

**For official Use only:**

Date Application received

Date Application went to Treatment and rehabilitation committee

Approved Amount

Declined Reasons

**Please return Completed applications to:**

**Mr Tom O'Brien  
Dublin North East Drugs Task Force  
'Le Cheile'  
Clancarthy Road  
Donnycarney  
Dublin 5**

**01 846 5070  
[www.dnedrugstaskforce.ie](http://www.dnedrugstaskforce.ie)**