**Recovery Coaching Training – Application Form**

**Trinity College Dublin – 28th–30th October 2025**

**Personal Details**

1. **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recovery Background**  
4. **How long have you been in recovery?**  
(Please state in years and months)

**Motivation & Commitment**  
5. **Why are you interested in completing this training?**  
(Please provide a short statement, e.g., your motivation, what you hope to gain, and how you see yourself using these skills.)

1. **Placement Commitment**  
   I confirm that, if selected, I am **available and willing to undertake a placement for 4 hours per week over 12 weeks following the training.**

☐ Yes, I confirm

**Declaration**  
I declare that the information provided above is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_