



## EXPRESSION OF INTEREST FORM

### Alcohol and Other Drugs Training for AOD Clinicians in ACT

Recognition of Current Competency (RCC)		
	Start dates	Please register my interest
RCC in the full CHC41702 Certificate IV in AOD Work	To be advised	
RCC in the four core AOD units of competency	To be advised	
Face-to-face training		
	Start dates	Please register my interest
CHCAOD2C Orientation to the AOD Sector	To be advised	
CHCAOD6B Work with clients who are Intoxicated		
CHCAOD8C Assess the needs of clients who have AOD issues		
CHCAOD10A Work with clients who have AOD issues		
On-line training		
	Start dates	Please register my interest
CHCAOD2C Orientation to the Alcohol and Other Drugs Sector	To be advised	
CHCAOD6B Work with clients who are Intoxicated		
CHCAOD8C Assess the needs of clients who have AOD issues		
CHCAOD10A Work with clients who have AOD issues		

I have attained CHCAOD2C at Turning Point alcohol and drug centre	Yes		I have attained CHCAOD2C at another Registered Training Organisation (RTO)	Yes	
	Yes	No		Yes	No
I have a current Level 2 First Aid Certificate			I have already been assessed and attained AOD units I have indicated for registration with another RTO?		

**PLEASE PRINT CLEARLY**

Name:		
Postal Address:	Suburb:	Post Code:
Organisation:	AOD Service Type:	
AOD Program:	What is your role?	
How long have you worked in the role?	How long have you worked in the AOD sector?	
What are your current qualifications?		
Telephone:	Mobile:	Email Address:
Manager/supervisor name & signature in support of training:		
Name:		Signature:

Turning Point Alcohol and Drug Centre, Education and Training Services is committed to protecting and maintaining the privacy, accuracy and security of your personal and health information. Turning Point Alcohol and Drug Centre privacy policies and procedures support State and Federal privacy legislation.