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**The DARA Project**

**Referral Form**

**Referring to**

**Drug Free Day Program**

**What is the DARA Project**

The DARA project is an ***abstinence*** drug-free Community Employment Scheme funded by the Department of Employment Affairs & Social Protection. The scheme works within the National Drug Rehabilitation Framework with individuals who wish to make life changes and is sponsored by County Kildare Leader Partnership and the South Western Regional Drug and Alcohol Task Force.

The project was first established in September 2013 under the Innovation Community Employment Scheme and was identified through Service User Involvement as a need to support substance users in Co. Kildare and West Wicklow

We provide a range of supports through a structured day programme to persons who have become drug free from substance misuse. We assist those referred, to build their life skills and confidence necessary to support positive behaviors, through education and awareness programmes, health and fitness activities and preparation for employment or further training.

We also ensure the efficient use of resources in the pursuit of stakeholder objectives along a continuum of care. We develop collaborative working relationships with all the relevant agencies and services for the person to be central at all times. We inspire hope and positive reinforcement in all aspects of their recovery.

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**Entry Requirements**

1. Meet DEASP (Department of Employment Affairs and Social Protection) requirements for Community Employment Scheme.
2. Be over 18 years of age.
3. Positions are allocated to qualifying applicants who are drug free and abstinent from mood altering substances and are able to commit to weekly structured day program. (Monday – Friday / 9.30 – 1.30pm)

**Referrals**

Must be referred by:

* Addiction Services or GPs
* HSE Programmes
* Drugs specific services
* Probation Services
* Other relevant services

**Please return to :**  
The DARA Project

Unit 1 & Unit 2

The Enterprise Centre

Athy

Co. Kildare

EMAIL : [alan@countykildarelp.ie](mailto:alan@countykildarelp.ie) / [kenny@countykildarelp.ie](mailto:kenny@countykildarelp.ie)

For further enquiries please contact Supervisors:

Alan Gavagan: 085 8112573 or 087 6238558

Kenny Hartnett: 087 6718661

**1 Applicant Information**

**1.1** Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.2** Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.3** Date of Birth  /  /

**1.4** Current Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.5** PPS No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.6** Is the applicant aware of this referral?Yes No

**1.7** Is there a current care plan in place for the applicant Yes No

**2. Referrer Information**

**2.1** Referral Agency Name and Contact Information

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

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**2.2** Name of person making the referral and contact information

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**2.3** Can the applicant be referred back to your services if required? Yes No

**3. Applicant Treatment Profile**

**3.1** Is the applicant currently attending counselling services or in receipt of any treatment for psychological or health conditions, if so please give details with consent of applicant.

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

**3.2** Please list name and contact details of any other agencies or services involved in the applicants care plan. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Additional Information or Comments:

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Signature of Referrer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_