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**The DARA Project**

**Referral Form**

**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 offer a drug free structured day programme for people in recovery from substance misuse. We provide a range of supports to people who have become drug free. Support include:

• Structured Day Program

• Randomized Drug Testing

• Group Therapy

• Keyworking

• Training & Education QQI

• Career Guidance

• Relapse Prevention

• Reflection & Reviews

We aim to support and equip each person to live and embrace a drug free life. We endeavor to help all our participants become mentally sound, emotionally balanced, socially adjusted, physically well, and spiritually alive.

We have developed 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**

Woodstock Street

Athy

Co. Kildare

R14 W283

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

For further enquiries please contact Supervisors:

* Alan Gavagan: 087 6238558
* Kenny Hartnett: 087 6718661
* Sean Curran: 087 2671065

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_