|  |  |
| --- | --- |
| **Name of Organisation/Business etc** |  |
| **Address:** |  |
| **Name of contact:** |  |
| **Telephone No:**  |  |
| **Email Address:**  |  |
| **Date(s) and time of training:**(Please give us a few dates and timesso we can check availability of staff andthen confirm a date and time with you) |  |  |
|  |  |
|  |  |
| **Location of training:** | Online / In Person (Location if in Person) |
| **Number of participants:**  |  |
| **CHARITY NUMBER IF APPLICABLE:** |  |

**Type of Training you would like (please tick):**

|  |  |
| --- | --- |
| **LGBTQIA+ Awareness Training** – Sexual Orientation and Gender Identity Awareness(2hr training session)  |  |
| **Introduction to LGBT Affirmative Therapies** -2 days training for counsellors/trainee counsellors, social workers etc. (1st day LGBTQIA+ training and the 2nd day is an introduction to working therapeutically with LGBTQIA+ clients) |  |
| **Gender Identity Awareness** – This training covers awareness on Trans and Non-binary (2hr training session) |  |
| **Non-Binary Awareness –** It is essential to have had the LGBTQAI+ Awareness Training first before participating in this training – (2hr Session) This offers a more nuanced exploration of non-binary identities and gender expression. Focusing specifically on experiences of non-binary individuals and how your service or practice can be more inclusive.  |  |
| **Bi Awareness Training** (2hr training session) |  |
| **Sex Workers Awareness Training** (2hr training session) |  |

**For Office use only.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes/No | Date | Staff Member/Info |
| Training has been confirmed |  |  |  |
| Delivery Method of training confirmed |  |  |  |
| Staff member facilitating the training agreed |  |  |  |
| Numbers confirmed |  |  |  |
| Signed off by manager |  |  |  |
| Evaluation and monitoring carried out and report wrote up |  |  |  |
| Evaluations and monitoring forms filed away |  |  |  |