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 **Booking Form for Online Open Access Trainings**

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| **Name and address of your group or organisaton****(If applicable)** |  |
| **Your name** |  |
| **Your email (this will be used for the Zoom invite)**  |  |
| **If you are also booking for other people, please provide their email addresses for the Zoom invite**  |  |
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|  |
| **Total number of places booked**  |  |
| **Your contact number**  |  |
| **The email that our invoice should be sent to** |  |
| **Please note that by completing and submitting this form to us, you are agreeing to make payment prior to the training, and you are agreeing to our Terms and Conditions which can be viewed on our website** [**www.dhiverse.org.uk**](http://www.dhiverse.org.uk) |

 **Please return the completed booking form to** **enquiries@dhiverse.org.uk**

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| **Training Topic**  | **Date of advertised training** |
| **An Introduction to Sexual Consent**  |  |
| **Let’s Explore Sexual Consent** |  |
| **Bystander Intervention** |  |
| **‘Talk the Talk’ - with people who have a Learning Disability or Autism, about Relationships and Sex** |  |
| **‘Talk the Talk’ with children and young people of SECONDARY school age**  |  |
| **Talk the Talk’ with children of PRIMARY school age**  |  |
| **Let’s Talk about RSE**  |  |
| **Let’s Talk About Relationships** |  |
| **A Whistle-stop Tour of Sexual Health** |  |
| **HIV – The Facts** |  |