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**Group Trainings For Your Organisation - Booking Form**

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| --- | --- | --- | --- | --- | --- |
| Name of college/organisation |  | | | | |
| Date you submitted this form |  | | Have you confirmed arrangements and cost with Dhiverse? | |  |
| Address of college/organisation | |  | | | |
| If the training will take place at at different address to the above please give details. | |  | | | |
| Contact person and telephone number for the day of the training | |  | | | |
| Name and role of the person making this booking | |  | | | |
| Your contact number | | Your email | |  | |
| The email that our invoice should be sent to | |  | | | |
| Please complete all of the above boxes and please note that by completing and submitting this form to us, you are agreeing to our Terms and Conditions which can be viewed on our website [www.dhiverse.org.uk](about:blank) or you can request a copy. | | | | | |

**Please return the completed form to** [**enquiries@dhiverse.org.uk**](mailto:enquiries@dhiverse.org.uk)

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| --- | --- | --- | --- | --- |
| Training Topic  Please complete the relevant boxes | On site or virtual? | Date/s of training | Agreed start time/s | How many participants |
| An Introduction to Sexual Consent |  |  |  |  |
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| Let’s Explore Sexual Consent |  |  |  |  |
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| Bystander Intervention |  |  |  |  |
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| ‘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 |  |  |  |  |
| \*Talk/presentation |  |  |  |  |
| \*Please describe here what has been agreed for this talk e.g.. content and length: | | | | |
| Anything else that you would like us to be aware of: | | | | |