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| --- | --- | --- | --- | --- | --- |
| Name and address of organisation |  | | | | |
| Name and role of person completing this form | | |  | | |
| Your contact number |  | | Your email |  | |
| Date you submitted this form |  | | Have you confirmed arrangements and cost with Dhiverse? | |  |
| If the training will take place at at different address to the above please give details | | |  | | |
| The email that our invoice should be sent to | | |  | | |
| Contact person and number on day of training | |  | | | |
| Please complete all the above boxes. Once the form is submitted you have agreed to our Terms and Conditions (T&Cs). T&Cs (and costs) can be viewed on our website www.dhiverse.org.uk | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Topic | On site or virtual? | Date/s of training | Agreed start time/s | Number of particpants |
|  | Please complete the relevant boxes | | | |
| An Introduction to Sexual Consent |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Let’s Explore Sexual Consent |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Bystander Intervention |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Supporting People with \*SEN around Relationships & Sex \*special educational needs |  |  |  |  |
| Supporting Young People around Relationships & Sex |  |  |  |  |
| Let’s Talk About Relationships |  |  |  |  |
| A Whistle-stop Tour of Sexual Health |  |  |  |  |
| HIV - The Basics |  |  |  |  |
| Consultancy: We offer consultancy and support around inclusive relationships and sex education and inappropriate sexual behaviours. |  |  |  |  |
| Anything else that you would like us to be aware of: | | | | |

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