|  |  |
| --- | --- |
| Date: |  |
| Name:  |  |
| Position: |  |
| Organisation: |  |
| Phone: |  |
| Email: |  |

 **Training** **requested:**

* Introduction to Family Violence Response
* Resisting Collusion with Male Perpetrators

**Who is the target audience?** What sort of roles do participants hold in the workplace?

|  |
| --- |
|  |

 **Have the intended participants undertaken any previous training in this area?**

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| --- |
|  |

**Our practice is to undertake a standard post training evaluation. Please indicate whether there are any additional questions you would like to ask.**

|  |
| --- |
|  |

**How many participants** **do you anticipate will attend this training?**

|  |
| --- |
|  |

**Does your organisation have capacity to pay for this training?**

|  |
| --- |
|  |

**Does your organisation, or individual participants, have any specific learning or access needs?**

|  |
| --- |
|  |

**Preferred date/s and times for training:**

|  |
| --- |
|  |

**Will you organise/provide:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Venue  |  |  |
| Equipment (data projector, computer with speakers, whiteboard) |  |  |
| Catering |  |  |

**If you are able to provide a venue, what is the location?**

|  |
| --- |
|  |

**How did you hear about out training?**

|  |
| --- |
|  |

**Other information, questions or comments:**

|  |
| --- |
|  |

Please return this form to the NIFVS team.

**Women’s Health In the North**

**e | nifvs@whin.org.au | 03 9484 1666**