

# Domestic & Sexual Violence Training BOOKING FORM

Please return to [DSVTeam@leicester.gov.uk](mailto:DSVTeam@leicester.gov.uk) 0116 454 4140

**Please complete a separate form for each person and each course**

**Sessions are FREE**, however, candidates who have applied and do not attend or give adequate notice, will be charged a cancellation fee of £50. At least 24 hours' notice of cancellation is required\*.

I give permission for my details to be used by Leicester City Council for the purposes of booking onto this course, and the monitoring and evaluation of the course.

**Surname**

**First name**

**Job title**

**Work contact number**

**Name of manager**

**Email address for correspondence**

**Manager's contact no.**

**Name of organisation**

**\*I confirm that my manager is aware of the fee for non-attendance or cancellation without 24 hours' notice**

**Name of training course**

**Date of training**

**Please advise if you have any specific requirements (such as mobility, dyslexia etc) so that the necessary arrangements can be made**

**Pre-course evaluation** You must answer the four questions below to book a place.

This form will be reissued to you on the day of training, for you to add your post-course evaluation in the grey sections. **Scores: 1 = poor, 2 = below average, 3 = average, 4 = good, 5 = excellent**

**Where scoring yourself 4 or 5 please state the reason for requesting the course**

- 1) How would you rate your **awareness** of domestic/sexual violence generally?

<b>Pre course</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Post course</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Any comments:

- 2) How **confident** do you feel in working with victims of domestic/sexual violence?

<b>Pre course</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Post course</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Any comments:

3) How would you rate your **knowledge and skills** in working with domestic/sexual violence victims?

<b>Pre course</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Post course</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Any comments:

4) How would you rate your knowledge and skills in domestic/sexual violence in relation to the area of training being requested?

<b>Pre course</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Post course</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Any comments:

**TO BE COMPLETED AT THE END OF THE TRAINING**

Please indicate how far you **agree** with each of the following statements. (Please circle)

	Strongly Agree		Agree		Strongly Disagree
The training event fully met all of its stated objectives	5	4	3	2	1
Comments:					
The provider/s style and presentation was skilled, professional and encouraged contributions from all	5	4	3	2	1
Comments:					
The handouts/materials used were of a high standard	5	4	3	2	1
Comments:					
My own learning objectives in relation to this event have been met	5	4	3	2	1
Comments:					
In order to evaluate your personal learning, please identify <b>3 key actions</b> from this course which you will put into practice in the next three months					
1.					
2.					
3.					

Any other comments which will help us in the planning of this training event in the future?

**THANK YOU FOR YOUR COMMENTS**

**Please ensure that you return your completed form to the provider before leaving**