

# Domestic & Sexual Violence Training BOOKING FORM

Please complete a separate form for each person and each course and email them to [DSVTeam@leicester.gov.uk](mailto:DSVTeam@leicester.gov.uk)

**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 48 hours' notice of cancellation is required\*. Bookings may be prioritised for those working in SCE, health, housing and legal fields, with remaining spaces being offered out nearer the date. New bookings will not be considered if there are outstanding recharges.

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 email address

Name of organisation

**\*I confirm that my manager is aware of the fee for non-attendance or cancellation without 48 hours' notice**

Name and date of training course

Cost code (LCC only)

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

## ***Pre-course self-evaluation***

You must answer the four pre-course questions below to book a place.

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**

(This form will be reissued to you on the day of training for you to add your post-course evaluation in the grey sections)

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

Any comments:

Pre-course	1	2	3	4	5
Post-course	1	2	3	4	5

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

Any comments:

Pre-course	1	2	3	4	5
Post-course	1	2	3	4	5

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

Pre-course	1	2	3	4	5
Post-course	1	2	3	4	5

Any comments:

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

Pre-course	1	2	3	4	5
Post-course	1	2	3	4	5

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 this form to the provider at the end of your training with **ALL THE GREY SECTIONS** completed, including your **post course scores, starting overleaf.**