



# The Center for Sexual Assault Survivors

## Training Request Form

All training requests must be submitted to the Victim Services & Programs Manager a minimum of 14 days prior to the training date. The Center for Sexual Assault Survivors will make every effort to approve all requests; however, training requests are subject to funding availability.

### TRAINING INFORMATION

Name:	_____	Title:	_____
Phone #:	_____	E-mail:	_____
Training Title	_____	Training Date	_____
Start Time	_____	End Time	_____
Location	_____	Address	_____
Room#	_____		_____

### BRIEF DESCRIPTION OF TRAINING

### AUDIENCE

- Please check all that apply:**
- |  |  |
|--|--|
| <input type="checkbox"/> Adults                      | <input type="checkbox"/> Military                    |
| <input type="checkbox"/> Children (Ages _____)       | <input type="checkbox"/> Law Enforcement             |
| <input type="checkbox"/> General Public              | <input type="checkbox"/> Medical Professional        |
| <input type="checkbox"/> Allied Professionals        | <input type="checkbox"/> Internal/Agency Staff       |
| <input type="checkbox"/> Invited Guests              | <input type="checkbox"/> Other (Please Specify)_____ |
| <input type="checkbox"/> K-12 Students (Grades_____) |  |
| <input type="checkbox"/> College Students            |  |

**# of People Expected to Attend:** \_\_\_\_\_

### TOPICS TO BE COVERED IN PRESENTATION

- Please check all that apply:**
- |   |   |
|---|---|
| <input type="checkbox"/> The Center's Services                      | <input type="checkbox"/> Underserved Populations (i.e. LGBTQ, over 60yrs, undocumented persons w/disabilities, geographically isolated, etc.) |
| <input type="checkbox"/> Dynamics of Sexual Assault                 | <input type="checkbox"/> Bystander Intervention   |
| <input type="checkbox"/> Human Trafficking                          | <input type="checkbox"/> Advocacy   |
| <input type="checkbox"/> Healthy Sexuality/Consent                  | <input type="checkbox"/> Perpetrators   |
| <input type="checkbox"/> Teen Dating Violence/Healthy Relationships | <input type="checkbox"/> Volunteer Opportunities  |
| <input type="checkbox"/> Stalking                                   | <input type="checkbox"/> Other (Please Explain)_____  |
| <input type="checkbox"/> Child Sexual Assault                       |   |
| <input type="checkbox"/> Neurobiology of Trauma                     |   |
| <input type="checkbox"/> College Population                         |   |

**PRESENTATION FORMAT**

**Please check all that apply:**

- Panel
- Lecture Style Training
- Plenary Speaker
- Awareness Table
- Webinar
- Other (Please Specify)\_\_\_\_\_

**EQUIPMENT PROVIDED**

**Please check all that apply:**

- PowerPoint
- Laptop
- None
- Video capability w/sound
- Remote Control (i.e. Logitech)
- Other (Please Specify)\_\_\_\_\_

**If this is a Table Event, please check the items that you will provide:**

- Table (length\_\_\_\_\_)
- Electrical Outlet
- Food
- Chairs (How many\_\_\_\_\_)
- Extension Cord
- Beverage

**REQUESTOR'S SIGNATURE**

If you need cancel or change the date/time of this training event, please contact The Center staff as soon as possible at (757)599-9844 or [tduesbery@visitthecenter.org](mailto:tduesbery@visitthecenter.org) . If you are canceling within 48 hours of the training event, please call (757)236-5260.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Internal Use:**

- Approved
- Rejected

Assigned To:

**Comment:**

\_\_\_\_\_  
Teri Duesbery,  
Victim Services & Programs Manager

\_\_\_\_\_  
Date