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 **PEER EDUCATION**

**REQUEST TO ATTEND A TRAINING SESSION FORM**

Complete the below form, and we will pass this on to your Country/Region office and they will contact you once there is training available to your local area. We **cannot guarantee** that you will be able to attend your training preference, as these may be filled.

This data will be used for guiding membership and administrative processes only.

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| **FOR COMPLETION BY APPLICANT**  |
| **Name:** |
| **Membership number:**  |
| **What is your** [**Country/ Region**](http://guidingmanual.guk.org.uk/structure/supporting_adults_in_guiding/counties_map.aspx)**?**  |
| **Guiding Roles:**  |
| **I confirm I have completed all the pre-training requirements, including the Introduction to peer education e-learning.**  | **Yes** | **No** |
| **I confirm that once I have attended my Peer Education training, I intend to deliver at least 4 peer education sessions.**  | **Yes** | **No** |
| **Please indicate a date of training you would like to attend** |
| **Preference** | **Date** | **Location** |
|  |  |  |
|  |  |  |
| **I can confirm that the details I have submitted above are accurate, and that I would like to attend a peer education training.** **Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Under 18s only****I can confirm that I give permission for [insert name] to attend a peer education training.** **Signature of guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\*Digital signatures are accepted.** |

Please return completed forms to: **4peereducation@girlguiding.org.uk**or your local Country/Region office.