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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** | | |
|  |  |  | | |
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| **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**](mailto:4peereducation@girlguiding.org.uk)or your local Country/Region office.