



Celebration Day for Girls

Expression of Interest Form: to train as a CDG facilitator

Name:

Address:

Phone:

Mobile:

Email:

Date of Birth (optional):

1) **Educational qualifications:**

2) A broad sweep of **your work experience**. Attach a current CV if you have one, or your LinkedIn address:

3) **Personal experience** that leads you to an interest in offering **A Celebration Day for Girls:**

4) What is your **intention or motivation for working with girls** of this age and their mothers, and around the topics of puberty and menarche?

5) What are the **particular strengths that you bring to this work?**

6) What have been the key events, **teachers, teachings, and experiences that have led you to an interest in offering Celebration Day for Girls workshops?**

7) Languages I speak fluently are:

The following questions are not designed to assess your suitability for this training but to help us plan the training elements and emphasis.

8) Have you practiced fertility awareness in some form for the purpose of managing your fertility?

Not at all Somewhat Extensively

9) Have you practiced menstrual cycle awareness for the purpose of menstrual wellbeing / self-awareness / as a spiritual practice?

Not at all Somewhat Extensively

10) Have you taught menstrual education in some form?

Not at all Some Regularly

To: Adults Children

11) How would you rate your knowledge of reproductive / menstrual cycle biology?

thorough pretty good could learn more poor

12) How much experience and / or training have you had in facilitating groups?

a lot a fair bit some none

14) Details of **one professional and one personal referee** (excluding relatives):

1. Name:

- Email:
- Phone:
- Relationship:

2. Name:

- Email:
- Phone:
- Relationship:

15) Please attach an image of one of your **photo IDs**, eg. driving license, passport

16) If you have a **police check**, '**Working With Children**' or '**Working With Vulnerable People**' card, or similar as per your country or state, please attach a photograph of the card or certificate. Note that you will need this to be licensed as a Celebration Day for Girls Facilitator, so if you don't have it yet you may like to begin the application process.

17) Please read the following and sign if you agree.

I am aware that I will be viewing and using Copyright materials and training session recordings during the Celebration Day for Girls Facilitator Training. I am aware that these are owned by the Chalice Foundation and agree not to use or distribute these in any way or form outside the CDG training and as instructed by my trainer/s. Once I am trained and licensed I will use the Copyright materials as permitted by the license agreement, as signed during the training.

Signature

Date

Send to: enquiries@celebrationdayforgirls.com

Thank you! You will hear from us soon.