



Celebration Day for Girls &/or Fathers Celebrating Daughters

Facilitator Training Registration Form

Name:

Address:

Phone:

Mobile:

Email:

Date of Birth (optional):

I wish to attend the:

- Celebration Day for Girls Facilitator Training
- Fathers Celebrating Daughters Facilitator Training

Starting or on these dates:

- CDG
- FCD

See www.celebrationdayforgirls.com/training for current training dates

Please answer and provide the following information

1) I received my **Foundations of Menstrual Education** certificate OR date I will be completing **FOME** (month) and (year)

2) **Educational qualifications:**

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

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

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

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

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

8) Languages I speak fluently are:

9) To ease communication before and during the training we like to share participant's emails in-group emails (groups of up to 12 people). Do you give permission for us to share your email for this purpose? **Yes / No**

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

1. Name:

- Email:
- Phone:
- Relationship:

2. Name:

- Email:
- Phone:
- Relationship:

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

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.

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 and/or Fathers Celebrating Daughters 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 and/or FCD 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: info@chalicefoundation.org

Thank you! You will hear from us soon.