



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) Do you have particular learning needs? If we are aware of them we are more able to accommodate your needs, as far as possible.

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

1. **Professional Referee**

- Name:
- Email:
- Phone:
- Relationship:

2. **Personal Referee**

- 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.au

Thank you! You will hear from us soon.