**Taking ACtion Affirmative Consent Workshop Booking Request Form**

Thank you for your interest in booking our peer educator designed and delivered affirmative consent workshops.

Please complete this form and then email the completed form to [tash.g@banksiagardens.org.au](mailto:tash.g@banksiagardens.org.au)

Once we have received the completed booking request form, we will be in touch to arrange a time to discuss the request in more detail. During this meeting we will also have the opportunity to discuss:

* Safety and responding to disclosures
* Expectations around organisation staff roles during and after the workshop
* Dietary requirements (if interested in catering)
* Workshop feedback survey and data collection

If you would like more information or have any questions, please contact:

Tash Giusti (Banksia Gardens Community Services)

Email: [tash.g@banksiagardens.org.au](mailto:tash.g@banksiagardens.org.au)

Phone: (03) 9309 8531

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| --- | --- | --- |
| **Date of request** |  | |
| **Organisation** |  | |
| **Main LGAs serviced (location)** |  | |
| **Contact person** | **Name** |  |
| **Email** |  |
| **Phone** |  |
| **Preferred workshop option** | Series of 2 x 90-minute workshops  1 x stand alone 120-minute workshop | |
| **Preferred date/s and time/s** |  | |
| **Proposed venue** |  | |
| **Expected number of participants** |  | |
| **Expected age range of participants** |  | |

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| **Who are the workshop participants?**  Please include any useful information about the participant group (e.g. demographic information, identified needs, potential resistance, previous content on similar topics). |
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| **What’s prompted this workshop booking?** |
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| **What are the expected/desired outcomes of this workshop?** |
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| **Are there any known accessibility\* requirements for the participant group? E.g. AUSLAN, bilingual interpretation, vision impairment. *Please specify.*** |
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| **Please provide details about the proposed venue including room capacity, set up and available IT. Does this venue meet the accessibility needs of the participant group?** |
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| **Any other useful information** |
|  |

**\*Note on accessibility**

The Taking ACtion project is committed to making its workshops accessible and inclusive. We welcome any and all knowledge about specific accessibility needs that will help us to tailor the workshop delivery to best meet the needs of all participants.

**Thank you for completing the booking request form.**

**We look forward to speaking with you soon.**