**Girlguiding London and South East England Region (LaSER)**

**Peer Education Basic Training Application Form 2022**

**Please complete the form below and return it to Jane Harvey via** **info@girlguidinglaser.org.uk****.**

Places on training weekends are limited and will be offered on a first-come, first-served basis. Your place is not guaranteed until we confirm this with you. If the event is oversubscribed, we will operate a waiting list. If you do not get a place at this training, if you consent, your details will be held to update you on future training weekends.

**When:** 6.30pm Friday 5th August – 3pm Sunday 7th August 2022

**Where:** Paxwood Hall, Paxwood Campsite, Rowhill Road, Dartford, Kent, DA2 7QQ

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Membership number:**(if you don’t know this, please ask your local commissioner or unit leader) |  |
| **Email address:** |  |
| **Guiding Roles:** |  |
| **T-shirt size:** (delete as appropriate) | **Small** | **Medium** | **Large** | **XL** | **XXL** |

<https://www.girlguidingshop.co.uk/size-guides/>

**PRIOR TRAINING & COMMITMENT** (delete as appropriate)

|  |  |  |
| --- | --- | --- |
| I confirm I have completed all the pre-training requirements, including the Introduction to Peer Education e-learning and A Safe Space Levels 1 and 2.  | **Yes** | **No** |
| I confirm that once I have attended my Peer Education training, I intend to deliver at least four Peer Education sessions.  | **Yes** | **No** |
| I am intending to use this Basic Training to count towards the Residential Experience for my Queen’s Guide Award. Please note the Basic Training weekend does not count towards any other section of your Queen’s Guide Award. | **Yes** | **No** |
| If unsuccessful in gaining a place for this training weekend, I am happy for my details to be put on the waiting list. | **Yes** | **No** |
| If unsuccessful in gaining a place for this training weekend I consent to my details being held so that I can be contacted about future training dates. | **Yes** | **No** |

**ADDITIONAL REQUIREMENTS**

|  |  |
| --- | --- |
| Do you have any dietary requirements? |  |
| Do you have any other needs that we should be aware of, such as accessibility or health? |  |

**Please return this form by email to Jane Harvey at** **info@girlguidinglaser.org.uk**