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| **Personal Details** | | | | | | | | |
| **Surname:** |  | | **First/Other Name:** | |  | | | |
| **Service Area:** |  | | | | | | | |
| **Team:** |  | | | | | | | |
| **Location:** |  | | | | | | | |
| **Position Title:** |  | | | | | | | |
| **Line Manager approval to undertake role of DA champion is required.** | | **Line Manager Signature:** | | | | | **Confirm employee has a current DBS:** | Y / N |
| The Domestic Abuse Champion role:   * Attend the initial Champions training – date to be confirmed * Cascade updates to their team around up to date information in relation to domestic abuse * Ensure domestic abuse materials are displayed within their area * Provide an environment that encourages disclosures of domestic abuse and provides information about support services, innovations and best practice to colleagues and families * Act as a key point of contact in connection with domestic abuse cases in their team * To be a passionate advocate that domestic abuse is everyone's business and the role your agency can play in recognising perpetrators are responsible for the abuse  |  | | --- | | **Why would you like to be a Domestic Abuse Champion?** | | **Have you completed training on Domestic Abuse?**  Yes □ No □ ***Additional training will be provided so don’t let this be a barrier to applying.***  Name of course:  Date completed: | | **Describe any ideas you have for activities you would undertake as a champion:** |   Declaration:  I wish to apply to become a Domestic Abuse Champion and I understand that this role will be in conjunction with my current role. | | | | | | | | |
| **Signed:** |  | | | **Date:** | |  | | |

**The completed form must be returned to Vicky Paddison:** [**vicki.paddison@hullcc.gov.uk**](mailto:vicki.paddison@hullcc.gov.uk)