**Introduction to Trauma Informed City Training**

**Booking Form**

|  |  |
| --- | --- |
| **Name:\*** |  |
| **Organisation:\*** |  |
| **Team:\*** |  |
| **Email Address:\*** |  |
| **Contact Telephone Number:\*** |  |

**Training Dates**

Please select (tick) which training session you would like to attend.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date\*** | **Tick** |  | **Date\*** | **Tick** |  | **Date\*** | **Tick** |
|  | **27th August 2024**  MS Teams – Virtual  10.00 – 1.00pm | **FULL** |  | **23rd October 2024**  Brunswick House  1.00pm – 4.00pm | **FULL** |  | **26th November 2024**  Jubilee Centre - Hull 10.00am – 1.00pm | **FULL** |
|  | **18th September 2024**  Warehouse 8 – Hull  1.00pm – 4.00pm | **FULL** |  | **31st October 2024**  MS Teams – Virtual  10.00am – 1.00pm | **FULL** |  | **30th January 2025**  Brunswick House  1.00pm – 4.00pm | **24 Spaces left** |
|  | **26th September 2024**  Warehouse 8  1.00pm – 4.00pm | **FULL** |  | **14th November 2024**  Warehouse 8 – Hull  1.00pm – 4.00pm | **FULL** |  | **13th February 2025**  Brunswick House  1.00pm – 4.00pm | **24 spaces left** |

If the session becomes fully booked, please advise if you would like to be added to the waiting lesson or offered an alternative date.

**Waiting List** Yes/No **Alternative Date** Yes/No

Have you attended any other training related to Trauma Informed? Yes/No

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please advise if you have any additional access needs to attend the training session.

\*Mandatory Requirement

Please email your completed form to [PublicHealthAdmin@hullcc.gov.uk](mailto:PublicHealthAdmin@hullcc.gov.uk)