



Bravehearts Education and Training Expression of Interest Form

Name of Organisation		
Address		
State	Postcode	
Postal Address <i>(if different)</i>		
State	Postcode	
Principal / Contact Person		
Email		
Telephone		
Accounts email		
Additional Comments		

I am interested in hearing more about Bravehearts' programs and services including fundraising initiatives and events.

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Freecall Information and Support Line: 1800 272 831

Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au

bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

Bravehearts Education and Training Expression of Interest Form

Student Education Programs

TERM PREFERENCE (Schools and Centres only)

- Term 1
 Term 2
 Term 3
 Term 4

Program

- | | |
|--|---|
| <input type="checkbox"/> Booking a Ditto Keep Safe Adventure Show | <input type="checkbox"/> Cyber Echo |
| <input type="checkbox"/> Teacher parent information session | <input type="checkbox"/> Ditto's Deputies |
| <input type="checkbox"/> In-class modules to follow up the education program | <input type="checkbox"/> Project You! |

Staff Professional Development Programs

Topics of Interest

- | | |
|--|--|
| <input type="checkbox"/> General information and awareness | <input type="checkbox"/> Sexual development & problem sexual behaviour |
| <input type="checkbox"/> Indicators and effects of child sexual assault | <input type="checkbox"/> Teaching children personal safety |
| <input type="checkbox"/> Understanding offenders and those who commit harm | <input type="checkbox"/> Working therapeutically with those affected by child sexual assault |
| <input type="checkbox"/> Responding to disclosures and reporting concerns | <input type="checkbox"/> Self-care and vicarious trauma |
| | <input type="checkbox"/> Legal considerations |

What is your preferred format of delivery? (tick boxes of interest)

- | | |
|---|--|
| <input type="checkbox"/> In-house facilitated workshop | <input type="checkbox"/> Online training |
| <input type="checkbox"/> Individual registration for a community workshop | <input type="checkbox"/> Webinar |

Desired Adult Workshop Duration

- | | | | |
|---------------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Under 1 hour | <input type="checkbox"/> 1 hours | <input type="checkbox"/> 2 hours | <input type="checkbox"/> 3 hours |
| <input type="checkbox"/> Half Day | <input type="checkbox"/> Full day | <input type="checkbox"/> 2 days | |