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| --- | --- |
| Dates of training: |  |
| Name: |  |
| HOME address: |  |
| Email Address: |  |
| Telephone Number: |  |
| Name of organisation: |  |
| Previous experience doing group work: | *(if no previous experience, please give any other relevant information)* |
| Level of understanding about domestic abuse: |  |
| Please give any other relevant information: |  |

Please email this form to info@ownmylifecourse.org