**Preventing violence against women**

Application form

16-17 November 2015

VicHealth - 15-31 Pelham Street, Carlton, 3053

Please fill in this form and email to [capacitybuilding@vichealth.vic.gov.au](mailto:capacitybuilding@vichealth.vic.gov.au) with the date of your nominated short coursein the subject line.

**You will be notified via email after the closing date if your application has been successful.**

**Please allow time for the influx of responses before checking on your application.**

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| --- | --- |
| **Title** |  |
| **Name** |  |
| **Position** |  |
| **Department** |  |
| **Organisation** |  |
| **Billing Address** |  |
| **Town** |  |
| **Postcode** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |

**The following questions are designed to assist the trainers to deliver course material in a relevant and accessible fashion and to assist in evaluation of the course.**

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| **What type of organisation do you work for?** |
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| **Have you previously attended any of VicHealth courses?** |
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| **What are you expecting from this course?** |
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| **Do you have any special needs (access, language, disability, diet)?** |
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| **Are you willing to be contacted in the future for evaluation purposes?** |
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