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| **Practice Information** | **Practice Name and Address:**  |
| **Key Contact Information** | **Name of Key Contact:** **Job Role of Key Contact:** **Email Address of Key Contact:** **Direct Phone Number of Key Contact:** |
| **Training Availability** | **Please list three dates (in order of preference) that you would like to book for the training and assessment:**1. Date: Time:
2. Date: Time:
3. Date: Time:

**If you require training and assessments to be on separate dates or multiple training sessions, please specify this.** |
| **Training Requirements** | **Approximately how many staff will be attending the training?** |
| **Technical Resources** | **Due to COVID-19, all training and assessment sessions are delivered remotely. Would you prefer these sessions via Zoom or Teams?** |
| **Key Issues and Questions** | **Are there any key issues or questions that have been raised by practice staff (or that have come up due to previous experiences with LGBT patients in your care) that you would like us to ensure we cover in the training?** |
| **Assessment** | **Would you like a copy of the assessment in advance?**  |