**London Borough of Tower Hamlets**

**Violence Against Women and Girls Champion**

**Application Form**

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| **Applicant Details** |
| **Name** | **First** | **Last** |
| **Organisation** |  |
| **Email Address** |  |
| **Telephone Number** |  |

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| **Are you a resident of Tower Hamlets?** |
| **Yes** | **No** |
| If yes, would you also like to be considered to be a VAWG Community Champion? Yes/No |

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| **When would you like to attend?**  |
| Please specify the date you want to attend  |

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| **Why would you like to be a VAWG Champion?** |
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| **Diversity Monitoring** |
| **Gender:** | Do you identify as :Male/Female/Prefer not to say |
| **Date of Birth:** |  |
| **Ethnicity:** |  |
| **Religion/Belief:** |  |
| **Sexuality:** | How would you define your sexual orientation? |
| **Disability:** | Do you consider yourself to have a disability?Yes/No/Prefer not say |
| If *yes*, please specify: |

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| **Manager Agreement** |
| **Manager Name:** |  |
| **Email:** |  |
| I agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ can become a VAWG Champion and that I understand that they will need to be released from their work day for 2 days of training (non-consecutive) and quarterly for 2 hour meetings. **Signature:**  |

Please return to amy-kate.garwood@towerhamlets.gov.uk