|  |  |
| --- | --- |
| **Name:** | **Tel.** |
| **Role:** | **Mobile:** |
| **Organisation:** | **Email:** |
| **Manager name:** | **Manager email:** |
| **Last trained on DA:** | **Other relevant training:** |
| **District(s) covered in role:** | **Where did you hear about this training?** |
| **Course dates applying for:** | |

**Domestic Abuse Change Champions APPLICATION FORM**

**SERVICE LEVEL AGREEMENT**

**The Domestic Abuse Champion agrees to:**

* Attend the initial training and at least one network event annually
* Pass information between their agency and the Champions network
* Cascade the newsletter and any updates to their team
* Maintain up to date information in relation to available services
* Ensure domestic abuse materials are displayed within their agency
* Contribute to the development and effectiveness of the Champion network

**The organisation agrees to:**

* Support the champion in spreading awareness of domestic abuse and its impact, response to disclosures, and sources of support
* Enable the champion to have time to attend networking events and training
* Provide an environment that encourages disclosures of domestic abuse and provides information about support services
* Facilitate the champion cascading learning and information to the organisation and sharing this with colleagues
* Support and encourage the champion with their responsibilities

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Manager name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Date:** |  | **Date:** |  |

Please return this form to [da.change@norfolk.gov.uk](mailto:da.change@norfolk.gov.uk)

*By applying to be a Champion, I understand that my information will be kept in the Champions' Network database and I am giving consent for my information to be shared with other champions in the network and receive our newsletter and emails from us. To opt out of this tick here ☐*