**Application for Enrolment**

**Scarlet Alliance Peer Educator Training Online**

*By completing this application form, the candidate is not guaranteed access to the Scarlet Alliance Peer Educator Training Online.*

*Once this form is completed, please send to the Scarlet Alliance National Training and Assessment Program (SANTAP) Coordinator (**santap@scarletalliance.org.au**).*

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| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Contact Phone: |  | Mobile Phone: |  |
| Email (as used for your Scarlet Alliance Membership): |  |  |  |
| Current peer educator role (if applicable): |  |  |  |
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| Please indicate which courses/activities you wish to enrol for (NB: Learning Courses contain learning material and links, Activity Courses contain corresponding activities that can be completed and submitted for review and ultimately the issuing of a certificate of completion): |
| Learning Courses |  | Activity Courses |
| ❑ The Diversity of Sex Workers |  | ❑ The Diversity of Sex Workers |
| ❑ Peer Education |  | ❑ Peer Education |
| ❑ Migrant Sex Work versus Trafficking |  | ❑ Migrant Sex Work versus Trafficking |
| ❑ Community Development |  | ❑ Community Development |
| ❑ Advocacy and Activism |  | ❑ Advocacy and Activism |
| ❑ Law Reform |  | ❑ Law Reform |
| ❑ Safer Sex Education |  | ❑ Safer Sex Education |
| ❑ Outreach |  | ❑ Outreach |

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| Preferred user name for login: |  |  |  |
| By signing this application, the signatory agrees to the terms and conditions of use of the Scarlet Alliance Peer Educator Training Online (copy attached with this form or accessible at www.scarletalliance.org.au/SANTAP/PeerEducatorTraining/) |

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| Signature: |  | Date: | ………../………../……….. |

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| *Scarlet Alliance National Training and Assessment Program use only**Candidate accepted into Peer Educator Training Online … yes/no**❑ Login generated**❑ Login and password instructions sent* |