



White Buffalo Aboriginal Metis Health Society  
 517A Tranquille Road  
 Kamloops BC V2B 3H3  
 Tel: 250-554-1176 Toll Free: 1-877-554-1176

Date: \_\_\_\_\_

## Workshop/Presentation Request

Provide information below & fwd to [dvadmin@whitebuffalosociety.net](mailto:dvadmin@whitebuffalosociety.net)

### Contact Information:

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 If Organization is a school, please indicate grade level: \_\_\_\_\_

What is your knowledge of the options & Resources available in your community pertaining to Domestic Violence (DV)? Substantial 5 Excellent 4 Pretty Good 3 little 2 none at all 1  
 comments: \_\_\_\_\_

What is your knowledge of the signs of violence & other issues relating to DV?  
 Substantial 5 Excellent 4 Pretty Good 3 Little 2 None at all 1

Would you say your community has access to culturally relevant tools & services to reduce violence against women / DV? \_\_\_\_\_ If not, what is lacking?  
 \_\_\_\_\_

### Please list 2 possible dates and times for your request:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Anticipated number of participants: \_\_\_\_\_

<b>Men:</b> <input type="checkbox"/> 7 Sacred Teachings <input type="checkbox"/> Men as Victims <input type="checkbox"/> Power & Control <input type="checkbox"/> Trauma Healing <input type="checkbox"/> Healthy Relationships*	<b>Women:</b> <input type="checkbox"/> Economic Empowerment <input type="checkbox"/> Safety Planning-Rural communities <input type="checkbox"/> Co-dependency & self-esteem <input type="checkbox"/> Vulnerability immigrant & refugee <input type="checkbox"/> Traditional Roles of Women	<b>Professional development:</b> <input type="checkbox"/> Ending VAW in Aboriginal Communities <input type="checkbox"/> Indicators of Violence <input type="checkbox"/> Social Determinants of Health
<b>Co-Ed:</b> <input type="checkbox"/> Granny's Group <input type="checkbox"/> Assertiveness/Communications <input type="checkbox"/> Impact of DV on Children <input type="checkbox"/> Trauma Healing	<b>Youth:</b> <input type="checkbox"/> Healthy Relationships* <input type="checkbox"/> Coming of Age Ceremonies <input type="checkbox"/> Breaking Cycle of Abuse	<b>Other:</b> <input type="checkbox"/> DV Education thru Puppetry <input type="checkbox"/> DV Education thru ATKT <input type="checkbox"/> Intergenerational Trauma* <input type="checkbox"/> Cycle of Abuse* <input type="checkbox"/> Healthy Relationships*