



Sexual Assault Advocacy Course

Presented by Kansas Coalition Against Sexual & Domestic Violence

For KCSDV Member Program Advocates and Staff

This training consists of 2 parts. Part 1 must be completed before attending part 2.

Part 1: 8 Pre-recorded webinars and a post-test for each.

Part 2: In-person, 3 day training, 8 hours each day.

Part 1: Webinar Modules

View each webinar online at:
www.kcsdv.org/programs/saac.html.

1. Framing Our Work: History of the Movement to End Violence Against Women and Advocacy for Survivors of Sexual Violence
2. Core Services and Guiding Frameworks
3. Sexual Violence Overview
4. Reporting Options and Sexual Assault
5. Child Sexual Abuse
6. Ethics, Confidentiality, and Advocacy
7. Understanding the Criminal System
8. Civil Legal Rights and Remedies

Part 2: In-Person Training

Date and Location:

May 2-4, 2011

8:30 a.m. - 4:30 p.m.

Registration begins at 8:00 a.m.

**Via Christi - St. Joseph
McNamara Room
3600 E. Harry
Wichita, KS**

Registration:

Registration Fee: \$50.00

Training materials and snacks provided. Lunch is on your own.

Registration Deadline:

April 22, 2011

No-shows and cancellations made less than 72 hours before the event will be assessed the registration fee.

Certificates of attendance will be provided to each attendee. Participants will be responsible for submitting the documentation necessary for any continuing education credit that may be available for the content of this course.

To Register for Training:

Register online at www.kcsdv.org/maysaac.html or fax or mail the registration form below to:
KCSDV, Attn: Training Coordinator
634 SW Harrison
Topeka, KS, 66603
FAX: 785-266-1874

Faculty:

Sara Rust-Martin
Criminal Justice
Projects Attorney
KCSDV

Laurel Klein Searles
Staff Attorney, KCSDV

Questions:

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Sexual Assault Advocacy Course Part 2 • May 2-4, 2011 - Wichita • Registration Form

If enclosing a check or money order, please make payable to KCSDV.

Name
(One registration form per person. Please make copies)

Program

Job Title

Phone Number E-mail

Mailing Address: Street City State Zip

Payment: I have enclosed a check or money order in the amount of \$ _____ . I will pay at training.

Please specify any needs:

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