Approval for SAP & BI Trainings

Thank you for taking the first step to completing your Sexual Assault Prevention & Bystander Intervention Training for the Legends 2025 season. Our circuit depends on the wellness of our dancers, so we're excited to work with you to create a safe and healthy environment for all our participants!

PART 1 - Before Training:

1. Please make a copy of this Google Document (file > make a copy) and rename it "[TEAM/COMP NAME] SAP & BI Verification: Part 1". Please keep it in Google Docs format (ex: do not convert to PDF until completed). If you cannot find a training that covers both Sexual Assault Prevention and Bystander Intervention, you may do two separate trainings and make two copies of this document.
2. Please complete the first half of this Google Document **at least 2 weeks BEFORE your training** so Legends can ensure that it qualifies as a Sexual Assault Prevention and Bystander Intervention Training.
3. Upload a completed PDF or Google Docs version of this document to the following Google Form: https://forms.gle/puJ5nHj2UATkZrvw7. Please allow 5 business days for confirmation of submission and a response.

Email safetyandwellness@desidancenetwork.org with any questions or concerns.

PART 2 - After Training:

4. Paste all the attendee's phone numbers in the proper 10 digit format (##########)
5. Have your facilitator sign off and confirm that this sexual assault prevention and/or bystander intervention training was completed

After Training

Please copy and paste the attendees' names & their phone numbers from the Part 1 document and update their attendance with the YES or NO dropdown.

ATTENDEE'S NAME	ATTENDEE'S PHONE NUMBER (FORMATTED: XXXXXXXXXX)	ATTENDANCE TRACKER
		NO
		NO
		NO
		NO
		NO

		NO
		NO
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		NO
		NO
		NO
		NO
		NO

		NO
		NO
		NO
		NO

Verification from Facilitator

The facilitator of the training should complete this section.

I, _____, confirm that I conducted the above described training on _____ . With my signature below, I confirm that:

- The individuals listed above participated in the training to my satisfaction.
- My credentials described in page 1 are correct

Signature: _____ Date: _____

Please submit a completed copy of of this document in the following Google Form: https://forms.gle/9Cak3GdUdp74a4qR9