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:

- 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.
- Please complete the first half of this Google Document <u>at least 2 weeks BEFORE your training</u> so Legends can ensure that it qualifies as a Sexual Assault Prevention and Bystander Intervention Training.
- 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 <u>safetyandwellness@desidancenetwork.org</u> 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: XXXXXXXXXXX)	ATTENDANCE TRACKER
		NO -

	NO -
	NO •
	NO ·
	NO -
	NO ·
	NO -
	NO ·
	NO ·
	NO •
	NO •
	NO •
	NO ·
•	·

	NO -
	NO -
	NO -
	NO -

Verification from Facilitator

The facilita	ator of the training should complete	this section.				
l,		t I conducted the abo	ve described training on			
 The individuals listed above participated in the training to my satisfaction. My credentials described in page 1 are correct 						
Signature:	Da	te:				

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