

## Introduction to CBT Course – 2014-15 Application Form

Please tick box(es) for course you want ( <i>You can book workshops only within one Series</i> )	Price	SERIES 1 Jan-Mar 2014	SERIES 2 May-Jul 2014	SERIES 3 Sep-Nov 2014	SERIES 1 Jan-Mar 2015
<b>Whole course: all 4 x 2-day workshops</b>	<b>£950</b>				
<i>Or individual 2-day workshops as below (but see notes re taking Parts in the right order):</i>					
Part 1: Assessment and Formulation	£260				
Part 2: Basic Therapeutic Skills	£260				
Part 3: Working with Depression	£260				
Part 4: Working with Anxiety: Panic; Social anxiety; Health anxiety; OCD	£260				
<i>For Part 4 only, you can book individual days:</i>					
Part 4: <i>Day 1 only</i> – Panic; Social Anxiety	£130				
Part 4: <i>Day 2 only</i> – Health Anxiety; OCD	£130				

***Please complete the following in BLOCK CAPITALS***

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please enclose a cheque made payable to **Oxford Health NHS Foundation Trust**, or provide invoicing details below and attach a copy of the official purchase order to this application form before sending to OCTC. Ensure supplier details on PO read: **Oxford Health NHS Foundation Trust, Chancellor Court, 4000 John Smith Drive, Oxford Business Park South, Oxford OX4 2GX** but send to OCTC address at foot of this application form.

**We cannot secure your place without an official purchase order and the name of the person authorising this invoice.**

Authorising person's name: \_\_\_\_\_

Full name of Trust/organisation: \_\_\_\_\_

Invoice address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please return this form to: **OCTC, Warneford Hospital, OXFORD, OX3 7JX**  
Tel 01865 738816; fax 01865 738817; e-mail [octc@oxfordhealth.nhs.uk](mailto:octc@oxfordhealth.nhs.uk)