DIALECTICAL BEHAVIOUR THERAPY (DBT) PROGRAMME 2017-18 APPLICATION FORM

| Please tick box(es) for course(s) you want (NB Course 1 can be taken on its own or as part of Course 2; Course 3 requires completion of Course 2 and a period of supervised clinical practice) | Dates | Price | Tick (as applicable) |
|--|----------------------|-------|-------------------------|
| Whole programme: 9 days of workshops | 19-23 Jun 2-5 Oct | £1220 | |
| Whole programme: 9 days of workshops plus supervision | 19-23 Jun 2-5 Oct | £1560 | |
| Course 1: Introduction to DBT | 19 Jun | £140 | |
| Course 2: DBT Knowledge & Skills | 19-23 Jun | £700 | |
| Course 3: Practitioner Certificate | 2-5 Oct | £650 | |
| Optional Service if participant cannot make own arrangements: supervision (6 x 1 hour sessions) | | £380 | |

Please complete the following in BLOCK CAPITALS

| Name: | |
|---|--|
| Profession: | |
| Address: | |
| | Postcode: |
| Tel no.: | Fax no.: |
| E-mail: | |
| details below <u>and attach a copy of</u> OCTC. Ensure supplier details on Corporate Services, LMHC, Sandf at foot of this application form. | ayable to <u>Oxford Health NHS Foundation Trust</u> , or provide invoicing the official purchase order to this application form before sending to PO read: Oxford Health NHS Foundation Trust, Accounts Payable, ord Road, Littlemore, Oxford OX4 4XN but send to OCTC address without an official purchase order and the name of the person |
| Authorising person's name: | |
| Full name of Trust/organisation: | |
| Invoice address: | |
| | Postcode: |
| Tel no.: | Fax no.: |
| E-mail: | |