

'INTRODUCTION TO CBT' COURSES 2020-21 APPLICATION FORM

| Please tick box(es) for course you want <i>(NB You can book workshops only within one Series)</i> | Price | SERIES 1 Jan-Mar 2021 | SERIES 2 Sep-Dec 2021 | | SERIES 1 Jan-Mar 2022 |
|--|-------------|-----------------------------|-----------------------------|--|-----------------------------|
| Whole course: all 4 x 2-day workshops | £990 | | | | |
| <i>Or individual 2-day workshops as below (but see notes re taking Parts in the correct order):</i> | | | | | |
| Part 1: Assessment and Formulation | £270 | | | | |
| Part 2: Basic Therapeutic Skills | £270 | | | | |
| Part 3: Working with Depression | £270 | | | | |
| Part 4: Working with Panic; Health Anxiety; OCD; Social Anxiety | £270 | | | | |
| <i>For Part 4 only, you can book individual days:</i> | | | | | |
| Part 4: <i>Day 1 only</i> - Panic; Health Anxiety | £135 | | | | |
| Part 4: <i>Day 2 only</i> - OCD; Social Anxiety | £135 | | | | |

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, Accounts Payable, Corporate Services, LMHC, Sandford Road, Littlemore, Oxford OX4 4XN** 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 902801; e-mail octc@oxfordhealth.nhs.uk