

## 'INTRODUCTION TO CBT' COURSES 2023-24 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 2023	SERIES 2 Sep-Dec 2023		SERIES 1 Jan-Mar 2024
<b>Whole course: all 4 x 2-day workshops</b>	<b>£1000</b>				
<i>Or individual 2-day workshops as below (but see notes re taking Parts in the correct order):</i>					
Part 1: Assessment and Formulation	£280				
Part 2: Basic Therapeutic Skills	£280				
Part 3: Working with Depression	£280				
Part 4: Working with Panic; Health Anxiety; OCD; Social Anxiety	£280				
<i>For Part 4 only, you can book individual days:</i>					
Part 4: <i>Day 1 only</i> - Panic; Health Anxiety	£140				
Part 4: <i>Day 2 only</i> - OCD; Social Anxiety	£140				

***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](mailto:octc@oxfordhealth.nhs.uk)