

APPLICATION FORM

WORKSHOPS IN COGNITIVE BEHAVIOURAL THERAPY

International Institute for Cognitive Therapy

www.learncognitivetherapy.com

Where did you hear about this course? _____

YOUR PERSONAL DETAILS (All correspondence will be sent to your email address)		
TITLE	FORENAME	SURNAME
DATE OF BIRTH / __ / __ / 1 9 __	PROFESSION	
ORGANISATION	ADDRESS 1	
ADDRESS 2		
CITY	POSTCODE	COUNTRY
EMAIL (ESSENTIAL TO CONFIRM PLACE):		
TELEPHONE	MOBILE NUMBER	

TRAINING I WANT TO ATTEND (Please tick as appropriate)		
Please choose between the following CBT workshops:		
CBT for Obsessive Compulsive Disorder (£220)		11/12 September 2010
CBT for Personality Disorders (£110)		2 April 2011
CBT for Depression (£220)		6/ 7 November 2010
CBT for Guilt, Anger, and Jealousy (£220)		9/ 10 October 2010
CBT for Social Anxiety (£220)		15/ 16 January 2011
CBT for Panic Disorder and Agoraphobia (£220)		4/ 5 December 2010
CBT for Post-traumatic Stress Disorder (£220)		12/ 13 February 2011
CBT for Health Anxiety (1 day) (£110)		3 April 2011
CBT for Generalised Anxiety Disorder (£220)		5/ 6 March 2011

IF YOUR EMPLOYER IS FUNDING THE COURSE PLEASE COMPLETE THIS SECTION:	
<input type="checkbox"/> INVOICE (Please see over for Terms & Conditions)	NAME/ORGANISATION
<u>CONFIRMATION LETTER FROM</u> MANAGER MUST BE ATTACHED	ADDRESS
	POSTCODE

Be sure to fill out all sections COMPLETELY. We can only verify acceptance through email.
For cancellation policies, terms and conditions, and more information about the courses please refer to the Institute website
www.learncognitivetherapy.com

Contact the International Institute for Cognitive therapy by email: sbuet@learncognitivetherapy.com

If you wish to attend any of our CBT workshops please enclose full fee with this application form.
Please make cheques payable to International Institute for Cognitive Therapy, 118 Ardenlee Avenue, Belfast, BT6 0AD