

Professional & Personal Development
A SEMINAR IN MENTAL HEALTH
Psychological Crises, Therapeutic Response, Personal
Development
Planned to start Early 2017

Application Form

Name.....

Address.....

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Telephone.....

E Mail.....

Current Work

.....

Relevant training.....

Professional Qualifications

Have you undergone or are you undergoing any psychiatric treatment, if the latter could this affect your participation? If so give details:

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How would you describe your personal and / or professional support system? For example are you currently receiving therapy or in supervision?

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Please use the reverse side of this form to tell us your reasons for wanting to participate in the training.

And send it either by post to Karen Kamp

Administrator

Wester Lochloy Farmhouse,

Lochloy Rd, Nairn,

Scotland. IV12 5LE

Tel: 01667 459343

Or e mail to - mentalhealthseminar@yahoo.com

Your reasons for wanting to participate in the training : -

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