

Course Participant Registration form

Please complete and return this form as soon as possible along with your payment to [enquiries@libertytalkingtherapy.com](mailto:enquiries@libertytalkingtherapy.com)

|  |  |
| --- | --- |
| Course Name: | Advanced Specialist: Working with Children and Young People |
| Date of course: | 18th September 2023 |
| Name: |  |
| Email: |  |
| Telephone: |  |
| Emergency contact: | Name:  Mobile number: |
| Previous training:  Please include Level 4 or equivalent training with dates |  |
| Relevant practice experience |  |
| Permission for details to be retained for further  opportunities with Training by Liberty | Yes/No |

|  |  |  |
| --- | --- | --- |
| ***Payment by*** |  | ***Reference*** |
| ***BACS*** | ***Liberty Talking Therapy Limited Account: 28102309***  ***Sort Code: 60-83-71*** | ***Your name + ASCYP*** |

Course cost: £895 (interest free payment terms available)

For further information please email [enquiries@libertytalkingtherapy.com](mailto:trainingbyliberty@outlook.com) or call Catherine on 07906584643

*A picture containing logo

Description automatically generated*