

Booking form

Please read carefully and fill in *all* relevant parts

To book your place, please complete and return this form to:
contact@psychologycbtclinic.com

Course name _____

Preferred Training Date ____ / ____ / ____ until ____ / ____ / ____

Personal details

Title _____ Name _____ Surname _____

School _____ Job title _____

Additional participants

Title _____ Name _____ Surname _____

Title _____ Name _____ Surname _____

Title _____ Name _____ Surname _____

Contact details

Address type Work Home

Address _____

_____ Postcode _____

Email _____ Contact no. _____

Special arrangements

Do you require special dietary and/or accessibility arrangements _____

Subscribe to our newsletters

We would like to keep in touch with you via email and inform you of future courses being offered or updates about our work. We will not be contacting you frequently, only when there is important news to share.

Would you like to receive information about upcoming courses?

Yes No

Would you like to receive updates about our work?

Yes No

We are independent and for ethical reason we keep our client's personal data they supply safe and secure. Your information will not be passed onto any third parties.

You can change your mind and opt out of our newsletters at any time. We will be sad to see you go but if you wish to go ahead and unsubscribe simply follow the instructions on the email newsletter you received or send an email to contact@psychologycbtclinic.com

If in the case where you do not consent to us sending you email newsletter updates we will keep your data until you attend and finish the course you signed up for. However, after the course your personal data will be automatically erased and you will not be contacted by us in future.