**Autumn 2019**

**Buckinghamshire**

**Carers Workshops Application Form**

**Please complete and return to:**

Carers Assessment Team, The Whiteleaf Centre

Bierton Road, Aylesbury Bucks, HP20 1EG

Telephone: 01865 901513

Email: CarersTeam@oxfordhealth.nhs.uk

**I would like to attend the following courses. Please tick as appropriate:**

|  |  |  |
| --- | --- | --- |
| **Thursday**  **September 12th**  **2019** | **Understanding Suicide**  **& Self-harm** |  |
| **Wednesday**  **October 9th**  **2019** | **Understanding**  **Psychosis** |  |
| **Thursday**  **November 14th**  **2019** | **Understanding the role of medication, talking therapies and the Mental Health Act** |  |

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| **Name:** |
| **Postal Address:** |
| **Email:** |
| **Name of mental health professional OR team currently involved with the person you support:** |
| **Phone number:** |
| **Please let us know who you support:** |
| **Access Requirements:** |