**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:**  |