

Booking into MP Group

1. Complete enclosed Registration Form and Confidential Information for Trainers.
2. Return it with full payment to:
Norma Parrack
CCTS 'MP' Group
Central Hall
St Mary Street
Southampton
SO14 1NF

Cheques to be made payable to 'New Community Network'

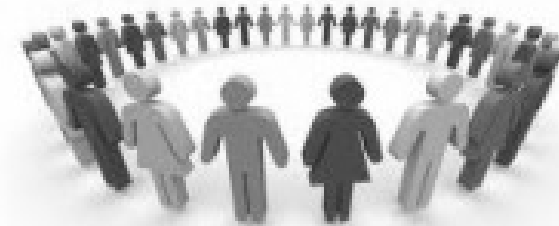
3. If you have any specific learning requirements or training needs, or ideas, please contact:

Norma Parrack
Telephone: 02380 385247
Email: workshops@ccts-southampton.org
Website: www.ccts-southampton.org



Model Practice (MP) Training Group 2011/ 2012

Central Counselling & Training Service



CPD Certified

New Community Network
A company limited by guarantee number 3578938
Registered charity number 1072645

At a Glance..

Who can come?

Anyone who works with the Crab/CWR Model and studied at Certificate or Diploma level (or equivalent).

Dates:

Autumn Term: Tuesday 11th October, 1st November, 13th December

Spring Term: Tuesday 17th January, 14th February, 13th March

Summer Term: Tuesday 17th April, 15th May, 12th June, 17th July

Time:

2-5pm

Where:

Central Hall, Southampton SO14 1NF.

Car Parking Available

Content:

Applying the Model to different client issues: integrating visual, auditory and kinetic skills into the Model: Tutor demonstrations and group practice.

Cost:

Per Term £105 Autumn and Spring, £140 Summer.

Trainers:

Norma Parrack, Mary Hatcher and others.

In order for us to know the viability of each term we need applications and payment by the dates given below:

Autumn Term - 13th September 2011

Spring Term – 5th December 2011

Summer Term – 29th March 2012



Central Counselling & Training Service

Registration Form for 'MP' Group 2011-12

Name:

Address:

Contact Tel Number:

Email Address:

Dates	I would like to Book to attend (please tick)	Cost*
Autumn Term: Tuesday 11 th October, 1 st November, 13 th December 2011		£105
Spring Term: Tuesday 17 th January, 14 th February, 13 th March 2012		£105
Summer Term: Tuesday 17 th April, 15 th May, 12 th June, 17 th July 2012		£140

* Payment to be included with registration.

Cheques made payable to: 'New Community Network'

Please complete Confidential Information for Trainer



Confidential Information for Trainers 'MP' Group 2011-12

It would be helpful in order to inform our planning and presentation if you could provide the following information:

Name:

1. Training: (Level, Training Provider and Date):

2. Counselling Hours to Date (approx.):

3. Current Accreditation Status:

4. What I would like training on is (please list) :