

**CPD Booking Form**

I wish to register for the following course:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Course Ref** | **Date** | **Fee** | **No of Places**  **Required** |
| Working with CSA and Sexual Trauma | PPD01 | Sunday 25th August 2019 | £95 |  |

Total Payment Due £

For further information about our courses and presenters, please visit www.southsidecounsellingtherapyglasgow.co.uk/cpd-courses

**Payment Details**

Please transfer the amount due, with the Course Reference and your surname, to

Sort Code: **08 92 99**

Account Number: **69601178**

Account Name: Southside Counselling

**Your Details:**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Email Address |  |
| Phone number |  |

**Notes:**

Refreshments, lunch and CPD certificate are included in the price*.*

Refunds up to 7 days before the event.

Please note that your place is not guaranteed until full payment has been received

Would you like to be added to our Mailing List? Yes No

**Please complete this form and email a copy to** [**info@southsidecounsellingppd.co.uk**](mailto:info@southsidecounsellingppd.co.uk) **once you have made your payment.**