

Psychotherapy for Healthcare Limited  
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## Course Booking Form

Please complete and return to the address above

Name \_\_\_\_\_

Contact number \_\_\_\_\_

email \_\_\_\_\_

Occupation \_\_\_\_\_

Organisation \_\_\_\_\_

How did you hear about Psychotherapy for Healthcare? \_\_\_\_\_

Course name and date: \_\_\_\_\_

In what way do you hope this course will enhance your practice?

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I have made payment for the course

Payment details

HSBC, Psychotherapy for Healthcare Limited, Sort Code 40-06-21, Account no: 92416255

or

Cheques payable to: Psychotherapy for Healthcare Limited and posted to the address above