







## Group supervision workshop registration form: Bowen Hills Psychology

 $REGISTRATION\ FORM:\ Email\ to\ admin@bowehills psychology.com. au\ when\ complete.$ 

me	
pnouns	
nail Address	
one number	
le and/or pathway (e.g., "provisional psychologist' 4+2)	
ould like to register my attendance at the following workshops (please tick):	
Friday 10th March - Autism/ADHD Assessment: Your Questions Answered	
Saturday 25th March - Intake, Formulation And Treatment Planning	
Friday 31st March - Autism/ADHD Assessment: Your Questions Answered	
Saturday 22nd April - CBT In Practice: Core Skills For Your Toolbox	
Friday 28th April - Modern Psychodynamic Therapy In Practice	
Saturday 6th May - DBT In Practice: Core Skills For Your Toolbox	
Thursday 18th May - Assessment & Diagnosis For Addiction: Introduction MI & CBT Sk	alls
Friday 19th May - Schema Therapy In Practice  Wednesday 14th June - Bronning For The National Bayehology Even 1	
Wednesday 14th June - Prepping For The National Psychology Exam 1	
Friday 30th June - Prepping For The National Psychology Exam 2 Thursday 13th July - Introduction To Eating Disorders	
Friday 7th July - Working With Single Event Posttraumatic Stress Disorder (PTSD)	
Friday 14th July - Working With Complex Trauma	
Friday 4th August - Using Acceptance And Commitment Therapy (ACT)	
Saturday 12th August - Working With Bipolar Mood Disorder	

## To pay via credit card:

I authorize Bowen Hills Psychology to charge my credit card for the workshops ticked above (\$300 each GST exclusive for provisional psychologists)

Credit/debit card number

Name on card

Expiry

## To pay via bank transfer:

Account Name: Brands Investments

BSB: **064-103** 

Account Number: 1034 1224

Please quote your **NAME** as a reference