



The Certificate in Cognitive Behavioural Therapy Skills for Occupational Health Professionals

Entry form for prospective attendees without a formal OH qualification

Name _____

Position _____

Organisation _____

Phone number _____

e-mail address _____

How long have you worked in occupational health? _____ years

How long have you been in your current role? _____ years

What do you do in your current job? _____

What other relevant Continuing Professional Development qualifications, conferences and courses have you undertaken? Please detail name of course, and the course provider if known

How would you like to use CBT in your work if you are accepted for this course?

Is there any other information about your background/experience that you would like to provide that is relevant to your application?

Please continue on a separate sheet if necessary.

Please return to:

The At Work Partnership Ltd, 3 Woodfield Way, Bounds Green, London N11 2NP
Tel: 0845 017 6986 Fax: 020 8275 8469 e-mail: conferences@atworkpartnership.co.uk

Thank you for your interest in our course. Your application will be assessed by The At Work Partnership Ltd and Brunel University, and we hope to be in contact within 4 weeks.