



## 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? \_\_\_\_\_

How long have you been in your current role? \_\_\_\_\_

What do you do in your current job? \_\_\_\_\_

\_\_\_\_\_

What other relevant 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](mailto:conferences@atworkpartnership.co.uk)**

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