

 **Registration form for workshops/modules 2024/25**

 *This form should be completed by applicants* ***not*** *following the ISST Certification route*

Name (including title for certificate):

Preferred name: Profession:

Address including post code:

Email:

**Modules (Please indicate which module(s) you would like to attend by placing an ‘x’ next to ‘I wish to attend’**

**Module 1/Introduction to Schema Therapy**. Dates: 9th, 10th & 11th December 2024. **Cost: £390.00. I wish to attend this module:**

**Module 2**. Dates: 20th & 21st January , 2025. **Cost: £260.00. I wish to attend this module:**

**Module 3.** 17th & 18th March, 2025. Cost: **£260.00. I wish to attend this module:**

Payment can be made by BACS.

**Account number 12623524 IBAN: GB58SRLG60837112623524**

**Sort Code 608371 Swift/BIC: SRLGGB2L**

**Payments to be received 2 weeks prior to course commencement.**

If paying by cheque, please make payable to ‘Schema Therapy Systems Ltd’

£

Please state the value of the payment you have made.

If your Trust/Health Board/employer is paying, please provide invoicing details below. Please note that places on the training are not guaranteed until payment has been received.

|  |
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| ***Name & address/department we should invoice (inc postcode):*** |
| ***Telephone number/email address:*** |
| ***Purchase order number:*** |

***Please return to Schema Therapy Systems by email to:*** ***schematherapysystems@outlook.com***

**Whilst we understand that unforeseen events occur, accepted candidates dropping out of the training programme, when we cannot easily fill that place, can result in a financial dilemma. As such, in order to run this intensive training for such a small number of trainees it is not possible to refund fees received after the two-week statutory cooling off period regardless of circumstances.**

**If you wish to undertake ISST Certification please complete the ‘Application for Standard or Advanced Certification’ form and return it to us**