A Cinnabar Training workshop

for counselling and support professionals

**Working with Neurodiverse Clients**

Saturday 17th February 2024

Easton on the Hill Village Hall, New Road, Easton on the Hill, PE9 3NN

10am – 4.00pm (9.30am registration and coffee)

**Cost: £80.00 includes refreshments and light lunch**

Contact: Mo Smith, [mosmith@btconnect.com](mailto:mosmith@btconnect.com), 07885674218

Please reserve my place on 17th February 2024

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Telephone |  |

**A signed application form to ensure your place should be sent to reach us as soon as possible.**

Cheques: Make cheques payable to ‘Cinnabar Training Ltd’. And send to: Cinnabar Training, 135 Casterton Road, Stamford, Lincolnshire PE9 2UG. Cheques won’t be paid in until 2 weeks before. BACS: Make payment to ‘Cinnabar Training Ltd’ with your name as reference. Sort Code: 08-92-50. Account No. 70878877. Please do not send cash. Cancellation refunds: Within 2 weeks of the workshop date 50% of the fee will be returned; within 1 week, none of the fee is repayable. We are happy to consider changing the date of your attendance if there are places available.

**Attendance**: I fully understand that all rights are reserved. No part of Cinnabar Training or any of the resources delivered may be reproduced in any form or by any means – graphic, electronic, or mechanical, including photocopying, transmission, recording, taping or information storage and retrieval systems without the prior permission of the author or publishers.  This covers Class 16 of the Trade Marks Registry: Class 16: Printed publications; books, leaflets and instructional material; teaching and training materials; all relating to counselling theories and practice. The exception are tools which are provided to attendees with our permission to be photocopied and used with clients. I undertake to engage with and participate in the workshop to assist in my learning.

I have read the terms and conditions as above and agree to be bound by them.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_