

2012 MENTALISATION BASED TREATMENT (MBT) SEMINAR/WORKSHOP REGISTRATION FORM

ABN: 68223819017

To register for either the 1 day introductory seminar or for the entire 4 days, please complete the form below and fax to (03) 9871 3911, send to: Spectrum, PO Box 135, Ringwood East, 3135, or email to spectrum@easternhealth.org.au Phone (03) 9871 3900.

CLOSING DATE is Wednesday 15th February 2012. Places will be offered shortly after this date via email, and a confirmation letter will be sent with details.

Name: _____

Current position: _____

Discipline: _____

Organisation: _____

Postal address: _____

Postcode: _____

Telephone: _____

Email: _____

Dietary needs: _____

Please indicate your organisation type:

- | | | | |
|---|--------------------------------|---------------------------------------|---|
| <input type="checkbox"/> AMHS | <input type="checkbox"/> CAMHS | <input type="checkbox"/> Forensic | <input type="checkbox"/> State-wide MH Service |
| <input type="checkbox"/> Drug & Alcohol | <input type="checkbox"/> CHC | <input type="checkbox"/> PDSS | <input type="checkbox"/> Private Hosp |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> NGO | <input type="checkbox"/> Govt (other) | <input type="checkbox"/> Interstate <input type="checkbox"/> Overseas |

Please indicate your primary work setting:

- | | | | | | |
|---|---------------------------------|-----------------------------------|------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> CAT | <input type="checkbox"/> CCU | <input type="checkbox"/> CCT | <input type="checkbox"/> Inpatient | <input type="checkbox"/> MST |
| <input type="checkbox"/> Emergency Dept | <input type="checkbox"/> Triage | <input type="checkbox"/> Forensic | <input type="checkbox"/> D&A | <input type="checkbox"/> Management | <input type="checkbox"/> Other |

I would like to register for the following seminar/or workshop(s):

ONE DAY MBT SEMINAR: 30th April 2012

Note: This is a prerequisite for the 3 day workshop

- Cost: \$250.00 (inc. GST)
(MH Clinicians & Registrars)

THREE DAY MBT WORKSHOP: 1st - 3^d May 2012

- \$750.00 (Mental Health Clinicians and Registrars)
 \$950.00 (Psychiatrists)

MUST ATTEND
ONE DAY
INTRODUCTORY
SEMINAR

Eastern Health will send out an invoice. Fees must be paid by Monday 16th April 2012.

FURTHER PAYMENT DETAILS

NOTE: If your organisation is paying for this course, please complete the following section:

Name of organisation: _____

Attention to: _____

Address: _____

Spectrum reserves the right to cancel courses that do not achieve minimum participation, in which case, all fees will be refunded. Fees will be refunded, in full, if participants withdraw before **Friday 20th April**. There will be no refund for withdrawals after this date.

OFFICE USE ONLY Entered Registration confirmed Confirmation emailed Invoice completed

