

APPLICATION FORM FOR BALINT SOCIETY WEEKEND WORKSHOP
WHALLEY ABBEY, LANCS. June 13th to 15th 2008.

Surname : **First name**:

Address:

.....

..... **Tel**:

Fax: **E-mail**:

P.C.T. or other trust:

Please circle appropriately: I am a

Principal Trainer G.P. Registrar Course Organiser Balint Society Member

Psychotherapist Counsellor Nurse Other (please specify).....

Are you currently in a Case Discussion Group? If so please give details

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Have you had past experience of Balint groups? If so please give details

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Please give names of any family, work or practice members who are also attending

(so that we can distribute people between groups appropriately where possible)

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Do you have any special dietary requirements?.....

Please circle the appropriate fee: Full fee..... @ £ 185
Society Member/ Allied professional @ £ 165

I enclose a cheque for £.....(payable to the Balint Society)

Signed.....

Please return form with cheque to Dr. Caroline Palmer, Colne Health Centre, Market St. Colne,
Lancs. BB8 0LJ. Tel 01282 863361 Fax 01282 871698
e-mail cazpalmer54@hotmail.com