



# FRIENDS PROJECT Riverhouse Conference Centre, Stirling



## APPLICATION FORM

Name:

Job Title:

Address:

Postcode:

Tel:

E-mail:

(Please complete this field as all correspondence will be done by e-mail)

Please indicate if you have any dietary requirements

What is your working knowledge of CBT approaches? **Minimum**

(Choice field - click in box)

What is your area of intended use of FRIENDS ? **Primary**

(Choice field - click in box)

Please select the date you wish to attend training

18 December 2009	<input type="checkbox"/>
15 January 2010	<input type="checkbox"/>
26 February 2010	<input type="checkbox"/>
19 March 2010	<input type="checkbox"/>

Payment Details:

I enclose a cheque payable to Stirling Council  
(Please put 'FRIENDS Project' on the back of cheque) Cost for training £120

Invoice at the address above       Invoice at the address below

Name:

Address:

Please send completed application form to: Stirling Council, Educational Psychology Service, 4 Woodside Road, Raploch, Stirling FK8 1RF Tel 01786 442530 Fax 01786 442946 e-mail [psychological@stirling.gov.uk](mailto:psychological@stirling.gov.uk)