

PPA reading group

**Full Name**:

**Address**:

**Town**:

**Postcode**:

**Telephone**:

**Email**:

**Occupation**:

**Professional qualification**:

**Would you like to receive information about events and course at the *bpf*?** YES/NO

I certify that the information contained in this application is true and complete. On signing this application form, I confirm that I have read and understood the cancellation and refund policies.

**Signature**:

**Date**:

Please return the completed form electronically to Sophina Khan, Training Manager at SophinaK@bpf-psychotherapy.org.uk