

PPA reading group

**Title:**

**First name:**

**Surname**:

**Address**:

**Town**:

**Postcode**:

**Telephone number**:

**Email address**:

**Please let us know which term you are signing up for – delete appropriately:**

* Summer 2018: Thursday 6.30 - 8.00pm – 26 April; 3, 10, 17, 24 & 31 May; 7 & 14 June
* Autumn 2018: Thursday 6.30 - 8.00pm – 4, 11, 18 & 25 October; 1, 8, 15 & 22 November

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

On signing this application form, I confirm that I have read and understood the cancellation and refund policies.

**Signature**:

**Date**:

Please submit your completed application form electronically to the PPA Training Manager, [sophinak@bpf-psychotherapy.org.uk](mailto:sophinak@bpf-psychotherapy.org.uk). Please pay the fee using the payment link provided on the website.