

bion’s clinical relevance

**Full Name**:

**Address**:

**Town**:

**Postcode**:

**Telephone**:

**Email**:

**Occupation**:

**Please let us know what you aim to achieve by attending this course?**

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**Where did you hear about the course?**

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**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 Sandra Pereira, MSc, Post Graduate & Public Courses Officer at [SandraP@bpf-psychotherapy.org.uk](SandraP%40bpf-psychotherapy.org.uk)