

# UK Centre for Psychosexual Therapy and Education

## Workshop Application Form

Please complete all sections and send your form, together with your deposit of 50% of the workshop fee<sup>1</sup>, to:

28 Manning Close, East Grinstead, West Sussex RH19 2DR

Course title and date:

Name:

Address:

Email:

Tel:

How would you describe your relationship – Married/cohabiting/together, but not cohabiting/other?

How long have you been together?

Do you have children, if so, how many and what ages?

What draws you to this workshop – what are you hoping for?<sup>2</sup>

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<sup>1</sup> Cheques should be made payable to Geoff Lamb. If you would prefer to pay by bank transfer, please let us know and we can send you details of how to do this.

<sup>2</sup> It would be good for each partner to give their own response to this question.