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 fee¹, to:

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

Course title and date:

Name:

Address:

Email:

Tel:

Occupation:

Relevant qualifications/experience:

What interests you about this workshop?

¹ Please make a direct payment into Helena's account, details below, referenced 'Beyond Oedipus' and your name or initials. Thank you: