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**Pre- and Peri-Natal Psychology Training**

Saturday 22<sup>nd</sup> April 2017

**APPLICATION FORM**

Name	
Address	
Telephone	
Mobile	
Email Address	
DoB	
Gender	
Please tell us about any experience you may have of group work	
Please tell us about any experience you may have of in depth work eg Primal Integration Therapy, Transpersonal Work, Breathwork, Meditation etc	
Please tell us where you heard about MCTC	

- I enclose the full fee of £80.00
- I am paying by BACs (Ref: Your Name + Date of Workshop)   
*A/C Number 65466689 Sort code 08-92-99*

Signed.....Date.....

**Please send or email to:**  
**MCTC Office, 3 Dudley Road, New Brighton, CH45 9JP.**  
[angela@mctcwirral.org.uk](mailto:angela@mctcwirral.org.uk)

Full Ts and Cs on website