



CRISALIDA
CHILD, ADOLESCENT & FAMILY THERAPY
391A ST GEORGES ROAD, NORTH FITZROY 3068
PHONE: 9481 1233 FAX: 9481 1322
E: CRISALIDA@OPTUSNET.COM.AU W: WWW.CRISALIDA.COM.AU

CRISALIDA Seminar & Workshop Series 2011/2012

Assessment of Risk to Self and Others

Presenters: Dr Lisa Warren/Clinical and Forensic Psychologist and Annabelle Griffin/Clinical Psychologist

Date: Thursday 28th April, 2011 *Time:* 7.30pm

Cost: \$44.00 including GST

School Readiness, including Sensory Processing

Presenters: Katherine McLean/Occupational Therapist and Melissa Bryan/Occupational Therapist

Date: Thursday 16th June, 2011 *Time:* 7.30pm

Cost: \$44.00 including GST

School Refusal

Presenter: Dr Sarah Ford/Clinical Psychologist

Date: Wednesday 17th August, 2011 *Time:* 7.30pm

Cost: \$44.00 including GST

Attachment Disorders

Presenter: Jennifer Re/Psychotherapist

Date: Thursday 20th October, 2011 *Time:* 7.30pm

Cost: \$44.00 including GST

Vocational Planning/Rehabilitation

Presenter: Leanne Hopkins

Date: Wednesday 18th January, 2012 *Time:* 7.30pm

Cost: \$44.00 including GST

Bi-Polar Disorder – Early Intervention

Presenter: Lee Crothers

Date: Thursday 15th March, 2012 *Time:* 7.30pm

Cost: \$44.00 including GST

WHERE: *Crisalida Child, Adolescent & Family Therapy Clinic
391A St. Georges Road, Fitzroy North 3068*

WHO: *Professionals, teachers, parents and interested others are invited to this new Seminar Series. Presentations are 60 minutes plus question time.*

RSVP: *Register and pay at least 2 weeks prior to event to ensure a place.
Send/Fax/Email Registration Form attached.*

NB. 'Parents' can register 2 for the price of 1 (eg. One registration allows both parents to attend)



Crisalida
Child, Adolescent & Family Therapy
391a St Georges Road, North Fitzroy 3068
Phone: 9481 1233 Fax: 9481 1322
E: crisalida@optusnet.com.au W: www.crisalida.com.au

CRISALIDA Seminar & Workshop Registration Form

Name:	Address:
Phone:	Email:
Tick: *Parent ____ *Teacher ____ *Therapist ____ Discipline: _____ *Med. Practitioner ____ Disc. _____ *Other ____ _____	Goal for session(s):

Please tick the workshops you wish to attend and arrange payment at least 2 weeks prior to workshop to ensure place.

<i>Assessment of Risk to Self and Others</i>	Thursday 28 th April, 2011	\$44.00	<input type="checkbox"/>
<i>School Readiness, including Sensory Processing</i>	Thursday 16 th June, 2011	\$44.00	<input type="checkbox"/>
<i>School Refusal</i>	Wednesday 17 th August, 2011	\$44.00	<input type="checkbox"/>
<i>Attachment Disorders</i>	Thursday 20 th October, 2011	\$44.00	<input type="checkbox"/>
<i>Vocational Planning/Rehabilitation</i>	Wednesday 18 th January, 2012	\$44.00	<input type="checkbox"/>
<i>Bi-Polar Disorder – Early Intervention</i>	Thursday 15 th March, 2012	\$44.00	<input type="checkbox"/>
	TOTAL AMOUNT:		

Payment options

Cheque made out to Crisalida is attached for \$

Visa or Mastercard for \$

Card Number

Expiry Date

____ / ____ / ____ / ____

____ / ____

Cardholders Signature
