

These courses are designed specifically for professionals working in clinical settings and related areas who want to understand more about the process of child and youth mental health assessment, diagnosis and treatment.

Venue

Alfred CYMHS – ABN 27318956319
Moorabbin Campus
Level 2, 999 Nepean Highway
Moorabbin 3189

PLACES LIMITED

Cost (inclusive GST):

3 day Assessment Course Option: \$450
2 day Treatment Course Option: \$300
5 day Treatment Course Option: \$750

Administration Enquiries:

Vicki Franklyn

Course Content Enquiries:

Paul Denborough

Parking

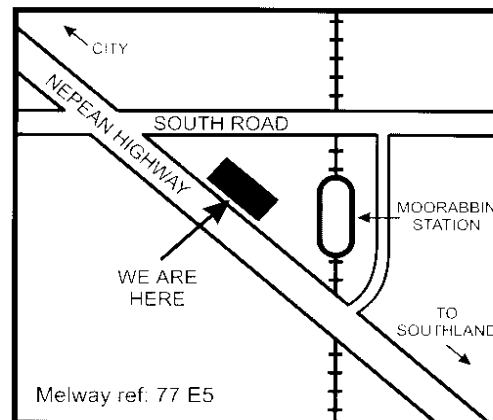
Free parking is available in nearby streets.
Paid parking available cnr South Road & Nepean Highway.

Transport

Take the Frankston train to Moorabbin station or bus number 811,812,824,825.

All these buses terminate at Moorabbin Station.

Melway ref: 77 E5



TheAlfred

Child & Youth Mental Health Short Courses

Assessment Option
6th to 8th August 2012

Treatment Option
9th to 10th August 2012

Level 2, 999 Nepean Highway,
Moorabbin, 3189

Tel: (03) 8552 0555
Fax: (03) 8552 0444

Email: v.franklyn@alfred.org.au

Child & Youth Mental Health Short Courses

Morning, afternoon tea
and light lunch provided.

Assessment - Monday to Wednesday:

- Infant, Child & Adolescent Assessment
- Psychosocial Assessment
- Psychosis Assessment
- Neuropsychiatry Assessment
- Dual Diagnosis Assessment
- Single Session Therapy
- Multidisciplinary Assessment
- Risk Assessment
- Carers' Perspective
- Formulation & Diagnosis, Feedback

Treatment - Thursday and Friday:

- Child Psychotherapies
- Adolescent Work
- Family Work
- Parent Work
- Group Work
- Dual Diagnosis Interventions
- Reflective Family Therapy
- Medication

Dates: 6th to 8th August 2012
9th to 10th August 2012

Times: 9am to 4:00pm

APPLICATION FORM

Child & Youth Mental Health Short Courses

Please Tick option Assessment Treatment

This document becomes a Tax Invoice for GST purposes upon payment. ABN 27318956319

PLACES ARE LIMITED
TO PROCESS YOUR APPLICATION PAYMENT MUST ACCOMPANY THIS APPLICATION

Name: _____

Workplace: _____

Position: _____

Address for Correspondence: _____

Work Phone: _____ Fax: _____

Home Phone: _____ Mobile: _____

Email: _____

Credit Card Number				Expiry Date	Signature	\$
Type	Master Card Visa Diners Amex				Name on card:	

If paying by cheque please make payable to Alfred Psychiatry and return to:

Course Administrator,
Alfred CYMHS,
Level 2, 999 Nepean Highway,
Moorabbin Vic 3189

For office use only
Cost Centre/Def Code: _____
Registration no: _____
Receipt no: _____