**EMDR Training Booking Form**

Our accredited training provides a thorough introduction to using EMDR Therapy. The fees include manuals, lunch and refreshments.

**You can type in details OR print out the form to fill in using block capitals and then post it.**

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| **Select venue (highlight)**  See dates and location at www.emdrmasterclass.com | Manchester / Belfast / Dublin / Newcastle Upon Tyne | Course Number:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | T |  |  |  |  | |

**Note: We assume all trainings will be taken at the same location unless you specify otherwise. You need to allow a period to consolidate learning between each training**

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| **Fees:** |  |
| **Training** | **Fee** | **VAT 20%** | **Total** | **Please Tick** |  |
| Part 1 | £529.00 | £105.80 | £634.80 |  |  |
| Part 2 | £165.00 | £33.00 | £198.00 |  |  |
| Part 3 | £529.00 | £105.80 | £634.80 |  |  |
| Group supervision (3 hrs)  after completion Part 3 | £75.00 | Nil | £75.00 | a.m. p.m. | **Highlight Preference** | | |
| **\*\*\*SPECIAL OFFER \*\*\***  **Pay now for all – save £76.80** | **£1234.00** | **£231.80** | **£1465.80** |  | Tick here to accept the special offer | |

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| **Your Details:** | |  | **NB: Eligibility criteria MUST be met** |
| Your name:  Title: |  | Core profession | Accrediting body + Accreditation No: |
| Email: |  | Contact telephone:  (day) | Contact telephone:  (eve) |
| Mailing address: |  | Special Dietary  Requirements: | Access  Requirements: |

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| **For office use only**  Application Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Added to database by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmation sent by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Invoice/receipt No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Payment of Fees**  Fees are to be paid at the rate specified above. Non-attendance at the training forfeits the fee.     |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Self funding (separate payments) |  | Self funding (discount for paying in full all three parts) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | Payment type: |  | BACS |  | Cheque |  | Card |  |  |  |  |  | | --- | --- | --- | --- | |  | Please pay to: TMR Health Professionals & Training Ltd  Sort Code **98-09-40** a/c **10583983** Ulster Bank Larne  Use your name and course code (T1\*\*\* ) as reference.  Post or email your form to us. |  | Please post with your form |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name on Card: |  |  |  | Debit Card |  | Credit Card |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Start date: |  |  |  |  |  | End date: |  |  |  |  |  | 3 digit CVC: |  |  |  |   **Note: Your card will be charged**  Signature of cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **30 days prior to the training**  **Please post the form to prevent risk of e-theft of your card details** |   **Invoice to funding body**   |  |  |  | | --- | --- | --- | |  | Invoice to funding body (please include a letter from your funding body promising to pay your fees prior to the training; this should include the name and contact details of the authorising person) | | |  |  | | | Purchase Order No | | | | Contact | | e-mail | | Billing name:  Address:  Postcode | | | | If this is a Finance Department you **MUST** obtain the Purchase Order number and correct billing name and address. | | |   **Payee & Address** for BACS, Purchase Orders, cheques and mailings:  TMR Health Professionals & Training Ltd  36 Knockbreda Road (1st Floor), Belfast BT6 0JB  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Eligibility for EMDR training**

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**Training: becoming an EMDR specialist**  
EMDR is an advanced psychotherapy requiring a high level of skill. A mental health clinical background is an essential prerequisite for the effective application of EMDR treatment. All training providers will also expect you to provide evidence that you are accredited with one of the professional associations deemed acceptable by EMDR Europe.

**N.B.**We are required to abide by the EMDR Europe eligibility criteria shown below. If you do not currently meet this you would not be able to attend. However, you can register your interest to be informed of future training if you plan on gaining accreditation in the future.

**Accredited EMDR therapy training is limited to:**

**Mental Health Professionals**  
Clinical Psychologists (Registered with HCPC or Psychological Society Ireland)  
Counselling Psychologists (Registered with HCPC)  
Educational Psychologists (Registered with HCPC)  
Forensic Psychologists (Registered with HCPC)  
Psychiatrists (Consultant Psychiatrist, StR / SpR Psychiatry)  
Registered Mental Health Nurses (NMC)  
Registered Mental Health Social Workers with experience of working clinically in a mental health setting (HCPC if working permanently in England. Other criteria may apply for NI, ROI, Scotland and Wales)  
Clinical & Counselling Psychologists in final year of training are acceptable with letter of recommendation  
from their supervisor

**Counsellors/Psychotherapists**  
MUST hold accreditation OR have submitted proof that they have had their application approved for provisional accreditation for one of the following professional bodies:  
Association of Christian Counsellors (Accredited Counsellor – AC)  
BABCP, BACP, UKCP  
British Psychoanalytic Council (BPC)  
Irish Association for Counselling and Psychotherapy (IACP)  
Irish Association of Humanistic and Integrative Psychotherapy (IAHIP)  
National Counselling Society Accredited Professional (MNCS Accred Prof) grade  
Federation of Drug and Alcohol Practitioners (FDAP) who are NCS accredited  
Association of Child Psychotherapists (ACP)  
COSCA  
COSRT

**General Practitioners**  
Registered with the General Medical Council (GMC) who are experienced in psychotherapy and psychological trauma and are an accredited counsellor or psychotherapist or working towards a psychotherapy accreditation.

**All Arts Psychotherapists & Occupational Therapists who are**  
Registered with HCPC.  
Have mental health training, can recognise and assess common mental health problems and have experience of working in a mental health setting.  
Have training and a minimum of two years’ experience of providing one-to-one psychotherapy, either as part of their professional training or in addition to it.  
Have provided a reference from their clinical supervisor confirming the above.

**Mental Health professionals from countries outside of the UK and Ireland**  
Are requested to submit a letter from their national EMDR Association agreeing to them undertaking their training in the UK and that they fulfil the eligibility criteria for their country of origin.  
Applicants from countries with no national EMDR Association are scrutinised on a case-by-case basis. They need to follow EMDR Association UK eligibility criteria broadly, ie a mental health professional who is accredited/registered with a governing body in their own country.  
In either case, external applicants will not be eligible to practice in the UK unless they also meet the eligibility criteria above.

**Terms and Conditions**

**Payment**

If you are self-funding, we will raise your invoice and charge your card one month before the training starts. The fee charged will be based on whether you have elected for three payments or one full payment to obtain a discount.

If you asked us to invoice a funding body, and you provided the details we need, we will issue the invoice now.

**Cancellation, deferring or non-attendance**

If you cancel (must be by post or email) between six and eight weeks before the training then a 80% refund can be made. Cancelling between four and six weeks before the training entitles you to a 50% refund.

No refund is due if you cancel less than four weeks prior to the training. Non-attendance without notification forfeits the fee.

In the unlikely event of EMDR Masterclass cancelling a training, a full refund will be given or alternative dates arranged.

Deferring or transferring to another EMDR Masterclass course, less than four weeks before the training will incur a £100+VAT administration charge.

**Replacement manuals and certificates**

A lost manual can be replaced when the next batch is printed. The fee is £15 + P&P.

A PDF copy of a lost attendance certificate can be provided by email for an administration charge of £10.