

**Bereavement Care**

The Lodge, 64 Pinner Road

Harrow, Middlesex HA1 4HZ

Telephone: 020 8427 5720

Email: admin@bereavementcareandsupport.co.uk

www.bereavementcareandsupport.co.uk

**INITIAL BEREAVEMENT TRAINING COURSE – 16th & 23rd May 2024**

A course which covers basic listening and responding skills. It also explores the pattern of grieving, grief and ritual and other aspects to help those who may wish to offer support to

people who have experienced bereavement in their community or place of work.

**This course is held over two consecutive weeks**

**DATE:** Thursday 16th May **AND** Thursday 23rd May 2024

**TIME:** 10.00am - 3.30pm **VENUE:** The Lodge, Pinner Road, HA1 4HZ

**COST OF COURSE:** £90.00 for non – Members

 £50.00 for Members

Please make payment by Bank Transfer to: Bereavement Care

Sort Code: 23-05-80 Account Number: 43231545 Reference: IBT

or by cheque payable to: Bereavement Care

**Please return applications as soon as possible to secure your place**

**(no later than 8th May 2024)**

**PLEASE NOTE: *It is our policy not to accept on these courses, anyone who has had a close bereavement within the last two years.***

**------------------------------------------------------------------------------------------------------------------------------------**INITIAL BEREAVEMENT TRAINING COURSE – Thursdays 16th & 23rd May 2024

**NAME: …….…………………………………………………………………………………………………………….....**

**ADDRESS: ….………………………………………………………………………………………………….................**

 **..........………………….................................................................................. POSTCODE: ………………………**

**PHONE NO(s): …………………………………………………………………………………………………………….**

**EMAIL ADDRESS: ………………………………………………………………………………………………………..**

**ORGANISATION: ……………………………………………………….…………………………………………….......**

**If your Organisation is a Corporate Member of Bereavement Care, you do NOT need to complete the Address, Telephone Number & Group Leader/Sponsor details below.**

**GROUP LEADER/SPONSOR: ……………………………….……………… SIGNED: …………………………….**

**ADDRESS: ………………………………………………………………………………………………………..……….**

**…………………………………………………………………………………. PHONE NO: ……….……....………….**

**Please detach and return completed form to the Course Administrator at the above address**

 Please invoice my school/organisation I have made payment of £\_\_\_\_\_ by BACS

 I enclose £\_\_\_\_\_ cheque/cash