

## **Group Registration Form**

## **Merseyside and Cheshire Balint Group**

| NAME:                       |             | DOB: |
|-----------------------------|-------------|------|
| TELEPHONE NO.:              | EMAIL ADDRE | ESS: |
| Please state your gender:   |             |      |
| SPECIALITY:                 |             |      |
| WORK GRADE:                 |             |      |
| What is your place of work? |             |      |

Please return to Jennifer.Holmes1@nhs.net

Please circle preferred day and time Tuesday / Thursday 1830 – 2000 / 1900 – 2030

Proposed venue Quaker Meeting House Liverpool (just off Hanover Street, parking £2.50 ph in Hanover Street Q Park)

Free for 8 -10 sessions (or minimal charge £3 approx per session dependent on numbers. Groups will be of 8 -12 doctors)