

 **Mental Health and Wellbeing in Education Settings**Booking Form

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| --- | --- |
| **School/ College/ University Name:**  |  |
| **Address:**  |  |
| **Lead Contact Name:**  |  |
| **Position:**  |  |
| **Telephone:** |  |
| **Email address:** |  |
| **Please tick the workshops you wish to book:** | **Students:** Managing Study Stress [ ] **Staff:**How to sleep better [ ] How to cope with stress [ ] Relaxation skills [ ]  |
| **How would you like this workshop(s) delivered?**  | **Students:** In-person [ ] Virtual [ ]  | **Staff:**In-person [ ]  Virtual [ ]  |
| **Please provide some information on availability to assist with booking:**  |  |

**Please email your completed form to: hpft.wellbeingworkshops@nhs.net**

**For more information: www.hpft-talkingtherapies.nhs.uk**