

**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**