

# SECTION 12 (2) MHA 1983 REFRESHER COURSE

FRIDAY 16<sup>th</sup> MARCH 2012

AT

LYNGFORD HOUSE TAUNTON SOMERSET

THE DAY WILL BE LED BY

**BELINDA CHENEY SOLICITOR, DR EILEEN O’SULLIVAN CONSULTANT  
GENERAL ADULT PSYCHIATRIST, DR DEBORAH JUDGE CAMHS  
CONSULTANT WHO WILL BE RUNNING SEPARATE WORKSHOPS FOR  
CAMHS DOCTORS ON SPECIFIC CAMHS ISSUES**

This excellent one day, lively interactive course is suitable for Section 12 doctors who wish to renew their approval within the next year. After this course you will be updated on Mental Health Act 1983 as amended, current case law, Capacity and Consent, s135/136, CAMHS doctors on the Children Act.

**ALL COURSE COURSES ARE QUALITY NOT PROFIT FOCUSED AND INCLUDE PRE-COURSE READING HANDOUT BOOK, TWO COURSE LUNCH, CERTIFICATE OF ATTENDANCE, AVAILABILITY OF THE APPROVALS TEAM THROUGHOUT THE DAY AND VALIDATED FOR 6 HOURS CPD**

**THE COURSE FEE IS £185**

**ATTENDANCE AT THE SECTION 12 (2) REFRESHER COURSE DOES NOT AUTOMATICALLY UPDATE YOUR RE-APPROVAL IT IS ONE PART OF THE PROCESS**

**THIS COURSE IS NOT SUITABLE FOR AC RE-APPROVAL**

*Cancellations received two weeks before the course will receive a refund minus £75 administration charge.*

*No refund for cancellations made less than 14 days before the course.*

No telephone bookings are accepted. We do not accept credit /debit cards or foreign currency.

For further information please contact the course administrator on: 01249 468351

Please print clearly - Section 12 (2) Refresher Course Friday 16<sup>th</sup> March 2012 AT: Lyngford House, Taunton, Somerset

Full Name (Delegate) .....

Address.....

.....Telephone.....

Email address.....

Are you CAMHS/Adult/Forensic/LD/Old Age/other.....

Secretary’s Email and phone number.....

Special Dietary requirements..... Do you have any disabilities?.....

I enclose a cheque for £185  Please make cheques payable to ‘NHS SOUTH WEST’

We can ONLY invoice Care Quality Commission Organisation OR individuals can also pay by cheque.

No invoices will be raised without the details below completed in FULL: Please Print Clearly.

Name of Person to be invoiced.....Telephone .....

Organisation.....email:.....

Address.....

.....Post Code.....

*Cancellations received 14 days before the course will receive a refund minus £75 administration charge.*

*No refund for cancellations made less than 14 days before the course.*

Please return application form to the: Approvals Lead, Jenner House, Langley Park Estate, Chippenham, Wiltshire SN15 1GG.

**OR - Email: mha.approvals@southwest.nhs.uk Fax: 01249 468356 Tel: 01249 468351/0**

**Further information can be found on WWW.SECTION12.SOUTHWEST.NHS.UK**