

Multi-Agency
Full Day
Training Course

Bookings

On attached form:

To reserve your place you must give your name, job title, address, telephone number or whether you require any special provision (e.g. vegetarian food, disabled access etc.)

Limited places are available so please nominate as soon as possible.

Successful applicants will be informed 3 weeks prior to the course. **DO NOT ATTEND IF YOU DO NOT GET CONFIRMATION**

If you are **unable** to attend your Line Manager **must** inform Carol Anderson ASAP so your place can be re-allocated.

(Information in relation to course attendance is recorded on a computerised database. This is for the purpose of monitoring training attendance and for statistical analysis.)

The Impact of Parental Mental Health Issues on Parenting

Level 3 Training

Who is it for?

Practitioners and managers from statutory and voluntary organisations working with children and/or parents/carers who have mental health issues

Aim

- To raise awareness of the impact of parental mental health issues on parenting capacity
- To improve multi agency working with children and their families impacted on by parental mental health issues

Learning Outcomes

Participants will have:

- An understanding of what mental health issues could impact on parenting
- An understanding of the potential short and long term effects of parental mental ill health on the child
- An understanding of the adult mental health referral process and treatment pathways

Dates and Times

Friday 9 October 2009 9.30 am – 4.30 pm

Monday 25 January 2010 9.30 am – 4.30 pm



Please return this form to:
Education: Linda Breeze, Stannington Centre
Phone: 553 2250
Email: linda.breeze@sunderland.gov.uk

Health: Sian Garnett, Pemberton House
Phone: 529 7128
Email: sian.garnett@cotw.nhs.uk

Children's Services/Others: Carol Anderson, Leechmere Training Centre, Leechmere Ind Est, Sunderland SR2 9TQ
Phone: 566 2527 Fax: 553 6114
Email: carol.anderson@sunderland.gov.uk

Name: _____
Job Title: _____
Address: _____

Telephone: _____
Email: _____
Ethnicity: _____
Special Requirements: _____
Line Manager: _____
Telephone: _____ Email: _____

The Impact of Parental Mental Health Issues on Parenting

Please indicate preferred date:

I understand that in order to receive an attendance certificate it is a requirement that I attend the full session.