**Sat 10th and Sun 11th October 2020**

**9.30 am – 4.30pm. On-line via Zoom**

**Total cost is £120**

Please book by emailing this completed booking form to contact@itsallaboutyouwellbeing.com

and pay in advance, using the PayPal button on <https://www.itsallaboutyouwellbeing.com/for-professionals> or pay into the account of Mr Max Cohen, Account No: 0440736, Sort Code: 30- 93-14

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The course will be delivered by Max Cohen, who is a qualified counsellor, trainer and group facilitator and has supported people in various roles in the Southwest of England for over 25 years in the areas of domestic abuse, young people’s issues, living with HIV, sexuality, sexual orientation and gender identity (LGBTQ+). He founded [*It’s All About You Wellbeing*](https://www.itsallaboutyouwellbeing.com/) in 2008 and runs all aspects of the company. He is self-employed and incorporates IAAYW into his business Max Cohen Wellbeing Services [*www.maxcohenwellbeing.com/*](http://www.maxcohenwellbeing.com/)

**Brief summary of content**

The content will be presented in a number of ways, through presentations, small group exercises, pairs work, video, brief experiential exercises, individual reflection, group discussions and anonymised case studies. Over the two days we will look at ‘coming out’, intersecting issues, working with family members and partners and talking about sex and sexuality.

**Day 1 - A focus on sexual orientation (lesbian, gay and bisexual etc. )**

Language including definitions, stereotypes, labels and acronyms

Barriers to seeking help for LGB clients

Internalised homophobia and biphobia

BACP ethical framework

Useful resources

**Day 2 - A focus on gender identity (trans, cis, non-binary, genderqueer, gender fluid etc. )**

Transgender awareness

Language including definitions, terms and labels

Stereotypes

Barriers to accessing therapy

Beyond the binary

Young people

Treatment pathways

Useful resources

**Additional reflective practice assignment**

In order to receive a CPD certificate “Working with LGBTQ+ clients” and become eligible for a discounted 12 month directory entry on It’s All About You Wellbeing website there is a requirement to complete a short piece of work after attendance on the 2 day course.

This will be a reflective practice assignment using the BACP CPD guidelines focusing on how you will work with LGBTQ+ client issues, for example core conditions, self –disclosure and use of supervision.

It can be completed in a way that is easiest for you, for example, typed up using the Word template document supplied on the course or recorded via video or audio and emailed to Max Cohen for verification.

* If you have any accessibility requirements or need support to complete the booking, attend the training and/or complete the reflective practice assignment please let Max know before booking.
* You will receive an email confirmation of your booking after the completed booking form and payment have been received.
* You will need to register in advance using this Zoom link in order to receive a confirmation email with the Passcodes for each separate day

https://us02web.zoom.us/meeting/register/tZItdeuhrj8vGNcvPZMY51aaMt0HzvQxVCrT

**BOOKING FORM**

**Please complete the following details and email to**

If you have any accessibility requirements or need support to complete the booking, attend the training and/or complete the reflective practice assignment please let Max know **before** booking.

|  |  |  |
| --- | --- | --- |
| **Name:**  | **Pronoun (E.g. He or she or them):** | **Work phone number:** |
| **Work email:** | **Work address:** | **Website (if you have one):** |
| **How did you hear about this training?** | **Anything specific issues or information you would like to be covered on the course?** | **Any other comments?** |

**IAAWY agrees to:**

* Send an email confirmation of your booking after the completed booking form and payment have been received.
* Inform you of any changes to the event.
* Hold the training at the time and place advertised, however, should the course be postponed or cancelled, your payment will either be carried over to pay for attendance at another course or a refund will be made.

**I would like to subscribe to the IAAYW newsletter: Yes / No**

**In signing this agreement, I confirm that I am aware of the IAAYW data protection /privacy policy and agree to the storage of my data and use as described therein.**

Signed………………………………………………… Name………………………………………………………… Date…………………………

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On behalf of IAAYW