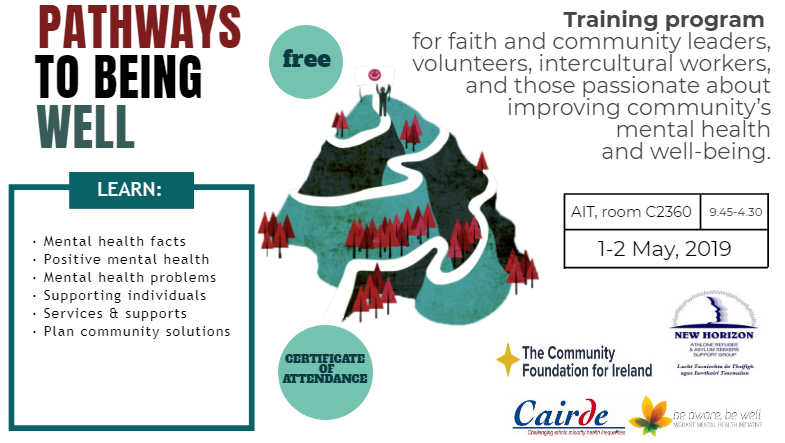
**C2360**

**Booking form**

Name:……………………………………………………………

Phone:…………………………………………………………

Email:……………………………………………………………

Athlone Institute of Technology, room C2360

1-2 May 9.30-4.30pm

Email completed Booking Form to[**mentalhealth@cairde.ie**](mailto:mentalhealth@cairde.ie) **as soon as possible**

What is your present work or volunteer work that will be enhanced by Pathways to Being Well training?

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Are you committed to attending all four of the scheduled sessions? ……………………………………………….

Do you need support with travel and childcare costs in order to participate? …………………………………