

Course Registration Form

|  |  |
| --- | --- |
| Course Title: | Anger Management Course |
| Venue: | Central Hub and Library, The Hayes, CF10 1FL (meeting room on 4th floor) |
| Start Date: | Session 1 – Thursday 9th October 2025 10.30am to 1.00pm  Session 2 – Thursday 16th October 2025 10.30am to 1.00pm  Session 3 – Thursday 23rd October 2025 10.30am to 1.00pm |

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone (Home):** |  |
| **Telephone (Mobile):** |  |
| **Email Address:** |  |
| **GP Name:** |  |
| **GP Surgery Address:** |  |

**How did you hear about this course?**

* 4Winds email/website
* GP
* Word of mouth
* Community Mental Health Team (CMHT)
* Other...........................................

