



Healing Trauma, Restoring Connection

A Transformational Couples Workshop With Maureen McEvoy (Canada)

 *Crow's Nest Community Centre, Sydney*

 *Saturday & Sunday, 8–9 November 2025*

 *9.00 am – 5.00 pm both days*

Registration Form

1. Your Details

Please fill out the following:

- **Full Name:** _____
- **Email Address:** _____
- **Mobile Number:** _____
-
- **Professional Role (tick all that apply):**
 - ☒ Psychologist ☐ Counsellor ☐ Psychotherapist ☐ Social Worker
 - ☒ Art Therapist ☐ Imago Therapist ☐ Other: _____
- **Years of Clinical Experience:**
 - ☒ 0–2 ☐ 3–5 ☐ 6–10 ☐ 10+
- **How did you find us?** _____

2. Practice Information (Optional but helpful)

- **Practice Name or Organisation:** _____
- **Website or Instagram (optional):** _____
- **Location:** _____

3. Ticket Type & Payment *Select your ticket below:*

- ☒ ☐ **Special Winter Rate** – \$975 (until 31 Aug – save \$275)
- ☐ ☐ **September Saver** – \$995 (1–25 Sept – save \$255)
- ☐ ☐ **Standard Rate** – \$1100 (26 Sept – 31 Oct)
- ☐ ☐ **Final Release** – \$1250 (1–8 Nov – last chance)
- ☐ ☐ **Group Rate** – \$950pp (3+ attendees – until 31 Oct)

CPD badge: Eligible for 12 CPD Hours – PACFA, ACA, ASCH, AASW, AAPI, APS Members



Payment Method (choose one):

☐ Direct Deposit ☐ Credit Card please call to arrange ☐ Invoice Request

For bank transfer:

Account Name: P Thornton

BSB: 012281 Account Number: 509305173

Reference: Your Name + 'Maureen Workshop'

4. Accessibility & Dietary Needs

We want everyone to feel welcome and supported.

- **Accessibility / Comfort Requirements:**

- **Dietary Requirements:**

5. Consent & Agreement

- ☐ I understand this is a professional development workshop for therapists and not a substitute for therapy.
- ☐ I consent to receive email updates related to the workshop.
- ☐ I understand cancellations after 1 October incur a 50% fee. No refunds after 30 October can transfer.
- ☐ I understand that photographs or short video clips may be taken during the event for promotional or educational use by the organisers. I consent to this unless I notify the organiser in advance.

Signature: _____ **Date:** _____

Submit Your Form Please email this completed form and payment receipt to:

philipathornton@gmail.com

Questions?

Contact Philipa at the Australia Resource Therapy Institute

www.resourcetherapy.com.au

Instagram: [@philipathornton](https://www.instagram.com/philipathornton)