

The Association for Child and Adolescent Mental Health

> Official ACAMH certification for delegates

# n Disorders

## **Fetal Alcohol Spectrum Disorders**

Thursday 4 October / 09.00 - 17.00 / Glasgow

The Teacher Building, Glasgow

This event aims to raise awareness and understanding of foetal alcohol spectrum disorders (FASD) and provide an overview of how individuals and families affected by FASD can be supported.

#### Learning outcomes include:

- Raise awareness of the prevalence, key features and outcomes of individuals affected by foetal alcohol spectrum disorders (FASD)
- Understand the key components of an FASD assessment, including taking alcohol history and developing a profile of strengths and difficulties
- Gain an overview of what interventions and approaches can benefit individuals and families affected by FASD
- Understand more about the lived experience from those affected by FASD
- Consider wider implications from prevention to intervention: a whole system approach to responding to FASD as a societal issue for Scotland.

Tickets from **£52.50** 



REF: 826

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TO BOOK YOUR PLACE, PLEASE COMPLETE AND RETURN THIS FORM TO:

ACAMH Conferences St Saviour's House 39–41 Union Street London SE1 1SD, UK	T +44 (0)20 7403 7458 F +44 (0)20 7403 7081 events@acamh.org		Fees include confe lunch and refreshr that ACAMH may event.	ments. Please note	To read more about this and future events visit www.acamh.org/events
Booking form PERSON ATTENDING			PERSON MAKING TH	HE BOOKING (IF DIFFERE	NT FROM PERSON ATTENDING)
Title			Title		
Job title			Job title		
Name			Name		
Dietary			Organisation		
requirements			Contact		
Organisation			Number		
CONTACT DETAILS OF PERSON ATTENDING					
Address type WORK	HOME				
Address					
				Postcode	
Email	Telephone				
PAYMENT					
£110 PLATINUM MEMBER £126 GOLD MEMBER £142 SILVER/BRONZE MEMBER £52.50 PUBLICATIONS/DIGITAL ME				IS/DIGITAL MEMBER	
				£158 NON-MEMBER	
Cheque Invoice payment   I enclose a cheque made payable to ACAMH Invoice can only be issued on receipt of an official purchase order, clearly indicating purchase order number and paying body. Invoice requests without relevant documentation will be returned.					
Card Payment VISA For your own security please do n	MASTERCARD EUROCAI ot send any credit card details via email.	RD MAESTRO	ELECTRON	AMEX	
Name on card			Card number		
Expiry date	lssue (if Maes			(last three digits or four on f	CCV on back of card ront for AMEX)
Billing address					
Cardholder's signature				Date	

Closing date: 2 October 2018.

Confirmation will be emailed to all delegates, if you have not received confirmation at least one week before the event please contact the office on 020 7403 7458. Please do not turn up on the day without having received confirmation by email.

Cancellation policy: cancellations received 6 weeks in advance of the event will be refunded in full less a £10 administration charge; cancellations received after this date will receive no refund. Data Protection: By signing this application you are entering into a contract with ACAMH to attend the above event. ACAMH will use the information provided to communicate details with you about the event. As part of the contract the email address provided will be added to our weekly newsletter, with details about CYP mental health topics, you can unsubscribe from this at any time.