

**Taking Care of the Practitioner**  
**Paula Abramson, Child Bereavement UK**

**Workshop Aim**

To understand grief and the impact that working with bereaved people has on the professional to identify how you can take care of your own well-being

**Learning Outcomes**

The day will begin with those attending the workshop to identify the challenges they face and agree on the learning outcomes for the day.

At the end of the workshop participants will know and better understand:

* theories of grief and loss
* the impact that working with bereaved people may have on the professional
* the best way to take care of yourself
* the means of support that is currently available
* how peer groups, debrief and supervision can be used effectively

**Programme**

09.30 Registration and coffee

10.00 Welcome & Introductions

10.15 Fears, Concerns and Challenges in your working day

11.30 COFFEE

1145 Understanding Loss and Theory of Grief

13.00 LUNCH

14.00 Taking Care of Yourself and Reflective Practice

16.00 CLOSE

**Workshop Information**

The Cornwallis Suite, Courtenay Road, Maidstone ME15 6LF. A light lunch and refreshments will be available. Course materials and certificate of attendance will be provided

 

Kent County Council | Public Protection Group | Growth Environment and Transport

Coroner Service Team

Event Booking Form



**Section 1 – Event Information**

|  |  |
| --- | --- |
| Event Title | Taking Care of the Practitioner |
|  |  |
| Event Date | Thursday 7th September 2017 |
|  |  |
| Event Venue | Corwallis Suite, Courtenay Road, Maidstone ME15 6LF |
|  | |
| Course Fee | £49 per person |

**Section 2 – Delegate Information** (if more then one delegate, please attach a separate sheet with the list of names, email and contact telephone)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | | First Name | |  |
|  | | | | | |
| Surname |  | | | | |
|  | | | | | |
| Job Title |  | | | | |
|  | | | | | |
| Organisation |  | | | | |
|  | | | | | |
| Email |  | | | | |
|  | | | | | |
| Tel Number |  | | | Mobile |  |
|  | | | | | |
| Special requirements  (e.g. diet, accessibility) | |  | | | |

**Section 3 –Agreement to Booking Terms and Conditions (see over)**

|  |  |  |  |
| --- | --- | --- | --- |
| Delegate signature |  | Date |  |

**Section 4 – Invoice details**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation (for invoicing purposes) |  | | |
|  | | | |
| Email address for invoice to be sent to: |  | | |
|  |  | | |
| Total Number of Delegates |  | **PO number for invoicing** |  |

**PLEASE RETURN booking form to** [**CoronerServiceManager@kent.gov.uk**](mailto:CoronerServiceManager@kent.gov.uk)

**Terms and Conditions**

The course is delivered by Kent County Council in partnership with Child Bereavement UK and the Coroners Officers and Staff Association. Course Documentation is distributed at the time of the event. A certificate of attendance will be available at the end of the course.

The Coroner Service Team: reserves the right to vary or cancel the course due to exceptional circumstances; accepts no liability if, for whatever reason the course does not take place; will refund any monies paid when a course is cancelled.

**Cancellation:**

If you cancel more than 28 days before the date of the event no fee is payable (fees already paid will be refunded upon request). If you cancel within 28 days of the event but no less than 10 days before the event and do not nominate a substitute then 50% of the fee is payable. If you cancel less than 10 days before the course you will incur the full cost of the course.

This booking form constitutes a binding contract. The delegate and Employer are jointly and severally liable for payment of all the fees due to The Coroner Service Team