

UNDERSTANDING YOUR EATING LICENSED PRACTITIONER APPLICATION FORM

Please return the completed application form together with your cv and a completed booking form and payment to: barbara@understandingyoureating.co.uk **or** Barbara Scott, P.O. Box 1074 St. Albans AL1 9RH

Name	
Male/Female	
Address	
Telephone/ mobile	
Email	
Relevant professional qualifications with dates	
If you intend to deliver UyE to groups, please tell us about your experience of running groups	
Knowledge/experience of disordered eating	
Where and in what setting (private/agency etc) would you plan to deliver the programme?	