

Dr Leisa Davina - Clinical Psychologist

BOOKING REQUEST FORM

Your contact details

Name	
Email address	
Organisation / Place of Work	
Contact telephone	


Profession and accreditation – Please ensure that you meet the eligibility criteria, [Are you Eligible? - EMDRAA](#)

Core profession	
Accrediting body	
Accreditation number	
Qualifications	

Part 1, Part 2A, Part 2B

Please indicate which part of the training you wish to attend?	Part 1 only: Part 1 & 2A: Part 1, 2A and 2B
Dietary Requests:	
Disability, Impairment:	
Date of training requested:	

Please note: only after ensuring you meet the eligibility criteria you will be provided with the bank account for the fee transfer.

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