



The Canadian Centre for Victims of Torture

Invites you to register for the Certificate Course, *Torture, Trauma, Psychosocial Impact and Mental Health: Meeting the Needs of War and Torture Survivors*. Please complete this form and submit it with payment to:

The Canadian Centre for Victims of Torture
194 Jarvis Street, 2nd Floor
Toronto, Ontario,
Canada M5B 2B7

Domine Rutayisire, Email: drutayisire@ccvt.org

Fax: 416-363-2122

View Course Syllabus at www.ccvt.org

Register now

Submit your form by August 31, 2019 to take advantage of early bird pricing!

Name:

Phone Number:

E-Mail:

Organization:

1) **Please note that by registering in this course, you agree to:**

Register for the **full** course. I understand that registration for the complete 9-session course costs \$400 (or **Early Bird Price** of \$350).

The understanding that certificates will be awarded **only** to those participants in attendance for a **minimum of 6 sessions**.

1. **Broad Aspects of Torture (Dr. Wendell Block and Dr. Donald Payne) September 18, 2019, 2:00-5:00pm**
2. **Determinants of Refugee Mental Health (Dr. Branca Agic)October 1, 2019, 3:00-5:00pm**
3. **Mental Health Needs of LGTQ+ Refugees (Ranjith Kulatilake)November 20, 2019, 3:00-5:00pm**
4. **A Cultural Psychiatry Approach to Refugee Women’s MH (Dr. Lisa Andrmann).....**
..... **January 15, 2020, 3:00-5:00pm**
5. **Growing Older as a New Canadian (Dr. Irina Nica-Graham) February 19, 2020, 3:00-5:00pm**
6. **Fostering Adaptation in Families, Children & Youth (Dr. Simone Levey & Dr. Marlinda Freire).....**
..... **March 18, 2020, 2:00-5:00pm**
7. **Trauma Stress & Resilience in Refugees (Dr. Clare Pain)..... April 15, 2020, 3:00-5:00pm**
8. **Recognizing the risks & Signs of Addiction (Polly Florious, RN, CCAC)..... May 20, 2020, 3:00-5:00pm**
9. **Self-Care: Vicarious Trauma (Teresa Dremetsikas, (MD(Mexico)) June 17, 2020, 3:00-5:00pm**

Please indicate your Method of Payment:

- | | | |
|--|---|--------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Master Card | Card Number: ----- |
| <input type="checkbox"/> Cheque | <input type="checkbox"/> Visa | Expiry Date: ----- |