



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: *Virtual*

Submit your form by September 30, 2023 to take advantage of early bird pricing!

Name:

Phone Number:

E-Mail:

Organization:

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**.

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|---|----------------------------|
| 1. Broad Aspects of Trauma/Torture (Dr. Wendell Block) | September 20, 2023, 3-5:pm |
| 2. Trauma Stress & Resilience in Refugees (Dr. Clare Pain) | October 18, 2023, 3-5pm |
| 3. Mental Health Needs of LGBTQ+ Refugees (Ranjith Kulatilake) | November 15, 2023, 3-5:pm |
| 4. Women and Trauma (Dr. Afarin Kohan) | December 20, 2023, 3-5pm |
| 5. Cultural Competency (Dr. Lisa Andermann) | January 17, 2024, 3-5pm |
| 6. Fostering Adaptation in Families, Children and Youth (Dr. Debra Stein) | February 21, 2024, 3-5:pm |
| 7. Anti-Human Trafficking (Estella Muyinda, Barrister and Solicitor) | March 20, 2024 |
| 8. Anti-Black Racism (Dr. Funmi Oguntoyinbo) | April 17, 2024, 3-5pm |
| 9. Recognizing the risks & Signs of Addiction (Dr. Jonathan Bertram) | May 17, 2024, 3-5pm |
| 10. Aging Population (Dr. Mark Lachmann) | TBD, 3-5pm |
| 11. Self-Care: Vicarious Trauma (Mbalu Lumor & Domine Rutayisire BSW, MSW, RSW) | July 17, 2024, 3-5pm |

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: ----- |

Submit