

Introduction to Sensory Integration



Recommended for: The introductory course is suitable for a wide range of different participant groups e.g. Occupational Therapists, Physiotherapists and Speech and Language Therapists, students, parents, education, nurses/medics and anybody interested in learning more about this theory and treatment approach.

Content: The introductory workshop covers the basic concepts underlying the theory, assessment and treatment of Dysfunction in Sensory Integration / Sensory Processing Disorder.

Duration: 1 day course - 9.30 am to 4.30 pm

Date: 24th September 2010

Venue: Kingston Hotel DunLaoghaire, Co Dublin
<http://www.kingstonhotel.com/>

Course fee: €60 Euro [or £50 Stg]

This course is hosted by SI Network and taught by 2 approved Sensory Integration Network presenters, Valerie Cribbin, Occupational Therapist and Mari Caulfield, Speech and Language Therapist.

Course information booklets, certificates, and refreshments are included in the fee. Lunch can be purchased at or in the vicinity of the venue.

Further information about Sensory Integration and the S.I Network can be found at

www.sensoryintegration.org.uk

<http://www.sensoryintegration.org.uk/courses/course.asp?ID=5>

Sensory Integration Network,

[UK and Ireland] Ltd.

www.sensoryintegration.org.uk



Introduction to Sensory Integration 1 Day Training Course

Application / Invoice Form

KINGSTON HOTEL, DUNLAOGHAIRE, CO DUBLIN

24TH SEPTEMBER 2010

*NAME : _____

ADDRESS: _____

TELEPHONE NUMBER: _____

* EMAIL ADDRESS: _____

SI NETWORK NUMBER [IF KNOWN] _____

PROFESSIONAL QUALIFICATION/ PARENT/CARER: _____

I attach course fee in the sum of €60 [or £50] Yes

- Please ensure that the name of the participant is clearly stated on the application forms and remittance advice slip/cheque.
- Cheques must be made payable to **Sensory Integration Network.**
- If an employer is paying course fees, please send this Application/Invoice Form onto the Finance Department for invoicing purposes and issue of cheque.
- **Please note that no place can be confirmed without payment.**
- **Name and Email address required.**

Signed _____ Date _____

Please return to:

**Introductory Day
SI Network
26 Leopardstown Grove
Blackrock
Co Dublin, Ireland**