**The Bipolar Lift CIC**

**Mental Health Awareness & Understanding Bipolar**

**2 hrs CPD Accredited Course Enquiry Form**

**Name of School:**

**Type of School:**

**Main Contact Name:**

**School Address / Postcode**

**Main Contact’s Telephone Number:**

**Email:**

**Where did you hear about Bipolar Lift?**

**No. of delegates / Enquiry:**

**Please complete and return to: support@bipolarlift.org**