

## Introduction to the Mental Capacity Act and People with Learning Disabilities for Support Workers

10 January 2012, 09.30 – 16.30

Munro Centre, 66 Snowsfield, London, SE1 3SS

This one-day workshop costs £120 per delegate per day and includes tea, coffee & biscuits and a cold fork buffet.

*If two or more staff attend from an organisation then £100 per delegate per day*

**Aim:** To provide participants with up to date information on issues in relation to the capacity of adults with learning disabilities to give consent. The workshop is based on the Mental Capacity Act 2005.

**For:** Support workers working with people with learning disabilities

**Learning  
Outcomes:**

At the end of the workshop, participants should have a better understanding of:

- The legal aspects and requirements in relation to capacity to give consent
- How capacity is assessed
- Have a clearer view on how decisions are made
- When 'Best Interests' would be considered

**Please return attached application form by post to Angela Degen, Senior Administrator at the address below or Email: [angela.degen@slam.nhs.uk](mailto:angela.degen@slam.nhs.uk) alternatively Fax: 020 3228 9749**

Munro-Centre, Estia, 66 Snowsfields, London, SE1 3SS, Telephone: 0203 228 9742/1, Fax: 0203 228 9749, Email: [info@estiacentre.org](mailto:info@estiacentre.org), Website: [www.estiacentre.org](http://www.estiacentre.org)

## Terms and Conditions

This one-day workshop costs £120 per delegate per day (£100 if two or more attending from an organisation) and includes tea, coffee & biscuits and a cold fork buffet.

Payment: 30 days from invoice or before the workshop (whichever is sooner)

Cancellations: All cancellations should be made in writing and will be subject to a charge. Cancellations made between the 14 December 2011 and the 2 January 2012 will incur a £50 charge. If a cancellation is received on or after the 3 January 2012 the full fee must be paid.

## **BOOKING FORM: 'One- Day Training –Introduction to the Mental Capacity Act and People with Learning Disabilities for Support Work - 10 January 2012, 09.30-16.30.**

Please complete one form per delegate. Photocopy as necessary.

Title: ----- First Name:-----Surname-----

Job Title:-----

Organisation: -----

Telephone:-----Fax:-----

Email:-----

Any special requirements:-----

Please choose from one of the following methods of payment. Please tick appropriate box:

I enclose a cheque for £120/£100 (if two or more attending from an organisation) payable to the South London and Maudsley NHS Foundation Trust

Please send an invoice for £120/£100 (if two or more attending from an organisation) to my organisation (statutory organisations only) to the address below:

Title: ----- First Name:-----Surname-----

Job Title:-----

Organisation: -----

Telephone:-----Fax:-----

Official Order No:-----

Authorised Signature:-----