**Registration form CPC-CBT -(KIBB)
Education** **Oct 2023 – Feb 2024**

**Organisation/workplace**:

Postal adress:

Billingadress:

**Contact details manager**

Name: E-mail: Phone:

 **Contact details participant**

Namn: Epost: Telefon:

**Educational background :**

**Work experience :**

**Prerecuisites för the organisation/ workplace to work with CPC-CBT families in treatment (requires at least two therapists) :**

**Other information:**