Communicating with Teens Course

- influence your teenager's behaviour
- understand the stages of development of teenagers
- feel more comfortable with your teenager’s highs and lows
- keep lines of communication open between you and your teenager
- cope with your own and your teenager’s anger in a constructive way
- learn how to get your point across and also listen to your teenager’s point of view
- learn how to resolve “issues” between your teenager and yourself and still keep the relationship intact
- ……. plus more ideas on how to build relationships - what works and what doesn’t work!

COURSE VENUE: CHATSWOOD 5wks/2.5hrs
When: Tuesday, 1st November, 2011 (7.00pm - 9.30pm)
COST: $150 per person  Concession: $125 per person

Dealing With Teen's Back Chat Workshop
VENUE: CHATSWOOD
When: Tuesday, 25th October, 2011 - 7.00pm – 9.30pm - $40 per person

Triple P (PPP) Teens Seminar Series
available on request – to organise these or for details of Workshops/Seminars scheduled for this term, phone 9887-5830

TO ENROL, PLEASE COMPLETE THIS FORM (Teens – Term 4)

Family Name: .......................................................... First Name(s) ..........................................................
Address: ............................................................................................................................. Postcode: .................................
Phone: (h)........................................... (w)................................. ☐ M ☐ F (Please tick) Ages of children: .................................................................
Email address: ...........................................................................................................................

COURSE ☐ WORKSHOP ☐

CONCESSION CARD NUMBER MUST BE QUOTED IN ORDER TO RECEIVE CONCESSION.

NSCCH employees ONLY: (20% discount) Department & Hospital ..........................................................
Pay Money Order/Cheques to ‘Northern Local Health Network and post to: Child & Adolescent Parenting, PO box 142, North Ryde 1670 OR fax 9887 2941.

Credit Card: Master Card Visa Card AMOUNT: $
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Expiry Date ☐ ☐ ☐ ☐ ☐ 

Cardholder’s Name: (printed) .......................................................... Cardholder’s Signature: ..........................................................

Enquiries: Child & Adolescent Parenting - 9887 5830