

TAVEP REHABILITATION PROVIDERS (TAVEP) INC.

WORKING WITH ADULTS WHO HAVE ADHD -EVERYTHING YOU NEED TO KNOW

This presentation will cover:

- Effective Communication: Techniques to ensure clarity, patience, and mutual understanding during conversations
- Beyond Symptoms: Understanding the cognitive and emotional nuances of ADHD for more empathetic client interactions
- Maximising therapeutic outcomes for adult clients with ADHD

Presenter: Tara Baillie is a registered Counsellor providing services and therapy to people struggling with a broad range of challenges, and is highly skilled at helping individuals living with neurodevelopmental disorders. Tara is the founder of ADHD Support Groups and works for Windsor Allied Health.

We require prepayment to confirm your attendance 11 October 2023.

LAUNCESTON PROFESSIONAL DEVELOPMENT BREAKFAST SERIES

Wednesday 18 October

Grain of the Silos Lindsay St, Invermay

Please arrive by 7:30am

Speak to restaurant staff on arrival to indicate that you are there for the "TAVRP breakfast"

Presentation and discussion from 8:00am

Event concludes 9:00am

RSVP by payment and submission of this form by 11 October 2023



400 (OOT: 1 :)

TAX INVOICE ABN 96 128 479 496

(This part will form your tax invoice – no receipts will be issued). Presenter Tara Baillie (18.10.2023)

Yes! I would like to attend the TAVRP Breakfast Presentation on Wednesday 18 October

One only tea, coffee or juice is included with breakfast. Following is my breakfast request (Please pick one):

Bircher Muesli with apple, quince and toasted almonds

Poached eggs with streaky bacon on sourdough toast

Coconut chia pudding with poached pears, rhubarb compote and granola

Pancakes with spiced apples, blueberries and vanilla mascarpone Special dietary requirements for health reasons:

Members \$22 (GST inclusive)	Non-Members \$33 (GST inclusive)
Name:	
Address:	
Phone:	Email:
Company:	

Direct deposit: Name: TAVRP BSB: 037 001 Account: 186192 (Please include your name on the deposit receipt/reference section)

(PREFERRED PAYMENT METHOD)

Credit Card:	Charge to my	AMEX	Visa	MasterCard		
Name on Card:						
Card Number:					Expiry:	/
Signature:				CVC:		

400 (OOT: 1 :