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 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: Wednesday, 7th March, 2012 (7.00pm - 9.30pm)
COST: $150 per person Concession: $125 per person

Dealing With Teen’s Back Chat Workshop
VENUE: CHATSWOOD
When: Wednesday, 29th February, 2012 - 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 1)

Family Name: ........................................................ First Name(s) ........................................................... 
Address: ........................................................ Suburb: ........................................................ 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. Concession No. ..................................................
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: ........................................................ AMOUNT: $ .............................................................
☐ Master Card ☐ Visa Card
Credit Card Expiry Date: ............................................................... Cardholder’s Signature: .............................................................

Enquiries: Child & Adolescent Parenting - 9887 5830