"FAMILY DISPUTE RESOLUTION THROUGH A TRAUMA-INFORMED LENS"

Family Dispute Resolution through a trauma-informed lens (TFDR) is a two-day training program designed and presented by Jon Graham and Libby Watson.

It aims to assist Family Dispute Resolution Practitioners, Family Lawyers and others working with family law clients develop skills and strategies in situations where traditional ADR practice models may not meet a family's complex needs due to ongoing impacts of historical trauma.



Libby Watson, BSW, MSW

Libby is a Registered FDRP and has practiced as a social worker for more than 25 years. She works from a trauma-informed mindfulness perspective.



Jon Graham, LLB BA(Psych) VGrad Dip FDR

Jon is a registered FDRP, and has qualifications in Law, Psychology, Commerce and Family Dispute Resolution. Jon comes with over 20 years of clinical experience with families affected by separation and divorce.

Dates: 27 & 28 October 2015

Time: 9:00 a.m. – 4:00 p.m. (Registration from 8:30 a.m. on 27 October)

Venue: JCU City Campus, 373-385 Flinders Street Mall, Level 3, Room TCITY-306

Cost: \$250.00 (includes catering)

RSVP: Friday, 02 October 2015 (Spaces limited to 20 participants. Book a space today!)

For further information please contact: NQ FLPN Project Officer – Miriam Owato

Telephone: 07 4779 4211 or email: flpn@centacarenq.org.au

Event sponsors:



NORTH OUEENSLAND



REGISTRATION FORMTFDR Workshop 2015



FIRST NAME:	_ SURNAME:		
NAME (AS SHOULD APPEAR ON NAME TAG):			



SIGNATURE:

NAME (AS SHOU	JLD APPEAR ON NAME TAG):	
ORGANISATION	·	
POSITION/TITL	E:	
ADDRESS:		
	Postcode:	
EMAIL:		
TELEPHONE: _	MOBILE:	
SPECIAL DIETAR	RY REQUIREMENTS:	
DATE: 27 & 28	OCTOBER 2015	
VENUE - JCU	CITY CAMPUS, 373-385 FLINDERS STREET MALL, ROOM TCITY-306	
REGISTRATION \$250.00	N FEE (GST INCLUSIVE)	
REGISTRATION	N CLOSES: 02 OCTOBER 2015 – LIMITED SPACES AVAILABLE	
PAYMENT - C	REDIT CARD, CHEQUE, MONEY ORDER OR DIRECT DEPOSIT	
ABN: 79 786	OWNSVILLE BSB: 034 - 241 ACCOUNT NUMBER: 790 80 799 140 REFERENCE: TFDR WSHP + INITIAL & SURNAME THERE WILL BE NO FACILITIES FOR COLLECTION OF PAYMENT ON THE DAY)	3
CREDIT CARD	NUMBER: / / / EXPIRY: /	_
NAME ON CAR	D: SIGNATURE:	
PLEASE POST	FAX OR EMAIL THIS FORM WITH YOUR PAYMENT / ADVICE TO:	
ATTENTION: N	MIRIAM OWATO - TFDR WORKSHOP 2015	
TELEPHONE:	(07) 4779 4211 FAX: (07) 4755 0322	
Address:	PO BOX 1362 EMAIL: flpn@centacarenq.org.au AITKENVALE QUEENSLAND 4814	
	THIS REGISTRATION INCLUDES MEMBERSHIP OF THE NQ FAMILY LAW PATHWATH WILL BE INFORMED ABOUT FUTURE EVENTS AND KEPT UP TO DATE WITI RMATION.	

______ DATE: ____/___