

Mental Capacity Act 2005

'An Overview'

A 3 hour workshop to explore the key aims and elements of the Act and how it relates to practice within the Health and Social Care Sector

Do you work with people who may lack mental capacity?

E.g. dementia, use of drugs/alcohol, learning disability, brain injury, medical treatment for example.

By participating in this workshop you will learn how to develop positive practice relating to decision making, and be able to demonstrate compliance with the Act. You will be introduced to key elements such as 'Assessment of capacity, Best Interests, LPA's, Advance Decisions, Deprivation of Liberty etc.

NEW Dates for Autumn

"It really brought the Act alive - not at all boring!"

9.30am – 12.30pm OR 1.30pm – 4.30pm

"Excellent! – it really made me reflect on my practice"

Tuesday 16 th September	Lincoln (Welton House, Off Outer Circle Road)
Wednesday 17 th September	Grimsby (Innovation Centre, Europarc)
Wednesday 1 st October	Hull (The Village Hotel)
Tuesday 21 st October	Milton Keynes (Camponile Hotel)

Suitable for Health Professionals, Service Managers, Residential/ Day Care Staff, Social Workers, Physiotherapists, etc. (ANYONE providing care and support to people who have temporary, fluctuating or permanent loss of mental capacity.)

Places Limited - Return booking form with payment (Cheque/ Switch/ Visa) to reserve your place/s or by e-mail (if paying by Switch/ Visa) to

[Odyssey Personal Development & Training Services](#)

41 Littlecoates Road Grimsby North East Lincolnshire DN34 4NQ

Telephone 01472 595008 / 580107 Mob. 07962 302013 Email: info@myodyssey.co.uk

Please reserve place/s on the workshops detailed below at the cost of **£89.00 per person**.

I enclose cheque value _____ as full payment (Please make cheque payable to Odyssey) or provide Visa/ Switch details for processing, (for multiple bookings please provide delegate details on separate sheet).

NB Remember to state a.m. or p.m workshop:

Name:..... Job Title..... Organisation.....

Address:.....

E-mail: Tel:.....

16 th September	17 th September	1 st October	21 st October
LINCOLN	GRIMSBY	HULL	MILTON KEYNES
AM or PM	AM or PM	AM or PM	AM or PM

Payment by Visa or Maestro/Switch (please circle)

Card No..... Name:..... Issue No:...

Start date (if any)..... Expiry Date (if any)..... Security No's (last 3 digits on reverse of card).....

I authorise you to charge my card with the amount of Signed.....