



# Workshops

Jess Lovibond Therapeutic  
Services CIC

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w: [jltsfamilyservices.org.uk](http://jltsfamilyservices.org.uk)

e: [jess@jltsfamilyservices.org.uk](mailto:jess@jltsfamilyservices.org.uk)

t: 07957298031

*Jess Lovibond Therapeutic Services CIC  
Registered Address: Fallowfield, Sittingbourne, Kent ME10 4UT  
Company No. 13409066 Registered in England and Wales*

## Workshop Package

Our 3-Workshop Package is delivered virtually, therefore we are able to offer this service country-wide and they can be undertaken at the convenience of the participants. We currently offer a package of 3 workshops to schools and organisations covering the following subjects:

1. Holistic Assessment for Contextual Safeguarding and the Benefits of Supervision
  2. ACE's and Trauma - Understanding ACE's and the Importance of Trauma-Aware practice
  3. Behaviour as Communication - An introduction to child-centred practice
- Plus a FREE mini-mindfulness resource

Following completion of the workshops a live 2 hour Supervision session will be held for feedback and general guidance for all participants.

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## Understanding Domestic Abuse

Our Understanding Domestic Abuse training is a half-day workshop, delivered in person. We are therefore only able to offer this training in the Swale and Medway areas of Kent at the moment.

This Workshop was made with teacher training for schools in mind, however we are able to offer this training to other professionals and organisations who feel they would benefit from it.

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On completion of any of our Workshops, participants will receive PDF resources to keep and completion certificates!

# Pricing

## Workshop Package:

- 3 workshops + free mindfulness resource (delivered virtually)
- 2 hour Supervision session for feedback & practice guidance
- Up to ten logins per package purchased
- PDF copy of resources to keep
- Shiny certificate for your fridge!

**Cost: £500.00**

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## Domestic Abuse Workshop:

- Delivered in person
- ½ day workshop
- PDF copy of resources to keep
- Shiny certificate for your fridge!

**Cost: £120.00**

# Workshop Booking Form

<b>Name:</b>		<b>Organisation:</b>	
<b>Address:</b>			
<b>Email:</b>		<b>Phone Number:</b>	

Please indicate which workshops you would like:

<b>A. 3 Workshop Package (available nationally) – online delivery</b>	<b>Y</b>	<b>N</b>
<p>Including:</p> <ol style="list-style-type: none"> <li>1. Holistic Assessment</li> <li>2. Trauma Aware Practice</li> <li>3. Behaviour as Communication</li> <li>4. 2-hour Supervision Session for feedback and practice guidance via Teams.</li> <li>5. PDF copy of resources to keep</li> <li>6. Certificates of attendance</li> </ol> <p>Plus a Free Mini Mindfulness Resource</p>		
<b>Cost:</b>	<b>£500</b>	
<b>Please indicate the date range for delivery:</b>	(e.g. Term 1 2022/23)	

<b>B. Understanding Domestic Abuse (Swale and Medway areas only) – in-person delivery</b>	<b>Y</b>	<b>N</b>
<p>Half day Workshop</p> <p>Including: PDF copy of resources to keep and certificates of attendance</p>		
<b>Cost:</b>	<b>£120</b>	
<b>Please indicate the date range for delivery:</b>	(e.g. Term 1 2022/23)	

Please return this form to: [jess@jltsfamilyservices.org.uk](mailto:jess@jltsfamilyservices.org.uk)

We will respond as soon as possible to book in your Workshops!



# Service Agreement

**Name of Organisation:**

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**Name / Job Title of Primary Contact:**

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**Date of Request:**

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**Service(s) requested:**

Description	No. of participants	Cost

## The Parties Agree as follows:

1. The 3 Workshop Package shall be provided as Webinars for attendees to watch prior to the live session, which shall be scheduled at a mutually convenient time.
2. The half day Understanding Domestic Abuse Workshop shall be delivered in-person, scheduled at a mutually convenient time.
3. Jess Lovibond Therapeutic Services CIC will invoice XX upon completion of the Workshops. Payments are to be made within 30 days of the invoice date.
4. The Contract between Jess Lovibond Therapeutic Services CIC and XX consists of this Service Agreement, and comes into effect upon signature.

## Signed by a duly authorised representative of the Organisation and JLTS

**Signed:**  
**(Organisation)**

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**Print name:**

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**Date:**

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**Signed:**  
**(Service Provider)**

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**Print name:**

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**Date:**

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