



SEXUALITY & BREAST CANCER

International Conference

Friday 10th November 2017

Manchester Conference Centre

Programme

8.30 – 9.15	Registration and Refreshments
9.15 – 9.45	Welcome by Chair - Cancer and Mental Health Jane Younger – Psycho Oncologist
9.45 – 10.30	A Surgeons Perspective Maria Callaghan – Breast Surgeon
10.30 – 11.00	Clinical Nurse Specialists Role Chris Taverner – Breast Clinical Nurse Specialist
11.00 – 11.30	<i>Coffee/Tea</i>
11.30 – 12.15	Opening Conversations – “Breast Cancer and Sex” Josie Butcher – Director Psychosexual Services
12.15 – 12.30	Introducing the Experiential Workshop Josie Butcher
12.30 – 14.00	<i>Lunch and Workshop</i> Interactive Experience involving works by the following Artists: Colette Dobson, Elizabeth Couzins-Scott, Angela Atkinson, Amanda Clayton, Josie Butcher 12.30 – 13.15 <i>Group A Workshop/Group B Lunch</i> 13.15 – 14.00 <i>Group A Lunch/Group B Workshop</i>
14.00 – 14.45	Breast Cancer, Female Identity and Sexual Relationships? Woet Gianotten – Onco Sexologist
14.45 – 15.15	Patient Perspectives Adrienne Morgan
15.15 – 15.45	<i>Tea/Coffee</i>
15.45 – 16.30	How to Work Holistically with Sexual Pain after Breast Cancer? Isabel White – Clinical Research Fellow
16.30 – 16.45	Summary and Evaluations

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Terms and Conditions and Application Form

Fees: Fee is £85

Cheques should be made payable to "Cheshire and Wirral Partnership NHSFT".
Invoices can be arranged – please forward details of your organisation and contacts for invoicing.

Confirmation of your booking will be emailed to you. Please indicate if you require a formal receipt.

Cancellations must be made in writing. There is an administrative charge of £20 per person for cancellations received up to six weeks prior to the training day. Thereafter no refund is possible. To substitute a delegate please contact us as soon as possible.

Please complete and return to: R Linford, CWP NHSFT,
Delamere Resource Centre, Delamere Street, CREWE, CW1 2ER

E Mail: richard.linford@cwpa.nhs.uk

Name

Address

.....

..... **Post code**

E Mail **Telephone**

Organisation **Discipline**

Dietary Requirements None Vegetarian Gluten Free

Access Requirements

The email address you submit will be used to inform you of future cwp events, please tick if you do not require this

The email address submitted may be used by selected third parties to promote similar training events and associated products, please tick if you do not require this