



**National Institute of Mental Health & Neuro Sciences Bangalore**  
**Department of Psychiatric Social Work**  
**PSYCHOSOCIAL CARE IN SCHOOL SETTING**  
**WORKSHOP ON SCHOOL MENTAL HEALTH PROGRAMME**

**First Communication:**

Date: 10<sup>th</sup> and 11<sup>th</sup> August, 2009

Venue: Department of Psychiatric Social  
Work, NIMHANS, Bangalore – 29

Respected Sir / Madam,

Sub: Two days of workshop on **SCHOOL MENTAL HEALTH** regarding:

This is to bring to your kind notice that we are going to conduct **Two Days** workshop on **Psychosocial Care in School Setting (School Mental Health Programme)** on **10<sup>th</sup> and 11<sup>th</sup> August, 2009** at Department of Psychiatric Social Work, NIMHANS, Bangalore.29. The **AIM** and the **OBJECTIVES** of the workshop are given bellow for your kind information.

**AIM:**

To sensitise the educators, school counsellors and parents on the mental health issues of children in school setting.

**OBJECTIVES:**

- To give basic understanding of the issues relating to **STUDENTS – TEACHERS** and **PARENTS** in school setting.
- To highlight the mental health issues and emerging trends in children and adolescents in school settings.
- To give orientation on the interventions in dealing with mental health issues of children and adolescents in school settings.

The participants are mainly from the educational institutions and those who are interested in the area of School Mental Health. Hence

**Details of the Workshop:**

1. Registration fees Rs.600/- to be sent in the form of D.D in favor of **‘The Director, NIMHANS, Bangalore -29**. Kindly mention on the backside of the D.D. titled as **“Workshop on School Mental Health”** C/O Dr.Ameer Hamza, Department of PSW, NIMHANS. Bangalore – 29. (For outstation participants registration fees is Rs.1000/- )
2. The application (application attached below) and the D.D in the said format be sent to:  

Dr.Ameer Hamza  
Assistant Professor  
Department of Psychiatric Social Work  
NIMHANS (Deemed University)  
Bangalore - 560 029.

Kindly mention the on the top of the envelop as **“Workshop on School Mental Health” – 2009**
3. Number of participants: 35 participants, **‘first come first served’ basis**.
4. **ACCOMMODATION:** Shared accommodation for participants from outside Bangalore City will be arranged in the ‘UPASANA’ at St. Camillus Study House (situated near Christ school, 1.5 KM away from the workshop venue) on minimum payment of Rs.400/- per day per head, (charges inclusive of Breakfast and Dinner). The accommodation charges for 2 days may be paid by the participants at ‘UPASANA’ on their arrival for workshop.
5. Confirm your participation by 10<sup>th</sup> July2009.
6. No TA or DA will be provided to the participants.

**Contact Persons**

**Dr.Ameer Humza**, [drameerhamza@gmail.com](mailto:drameerhamza@gmail.com) , 080 – 26995237 / 9945094462

Assistant Professor

**S.Ubahara Sahayaraj**, [sahainimhans@rediffmail.com](mailto:sahainimhans@rediffmail.com) , 9964129122

Department of Psychiatric Social Work,

NIMHANS, Bangalore – 29.



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**REGISTRATION FORM**

Name of the participant :  
**(In capital letter)**

Gender (Male / Female) :

Age :

Educational qualification :

Address for correspondence :

Contact – Telephone number

E-mail :

Occupation & Address of organization /

Institute represented by the participant :

Expectations from 2 days workshop : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\***Accommodation** (Tick appropriate one): Required / not- required

Date of Arrival -----

Date of Departure -----

Food preference : Vegetarian / Non-vegetarian

Details of registration fee :

DD No. ----- Bank----- Date-----

Amount ----- Rupees in words -----

Signature of the participant