

# Feeding Seminars



## Encouraging a Wide Range of Foods: In the Presence of Sensory and Motor Skill Challenges

This 1 hour seminar aims to help you step into your child's shoes, to understand how they are functioning in their unique body. With this understanding you are then guided on strategies to support your child to move forward with eating and drinking. This seminar provides practical support for understanding the goals of feeding therapy and implementing home food school. Ideas for games and foods are explored, and you will leave this seminar feeling more empowered to contribute to your child's journey with food exploration.



This seminar includes a booklet with a range of healthy recipes.

### WHO CAN BENEFIT FROM THIS SEMINAR?

Carers of children with sensory and/or motor skill challenges, daycare providers, and community nurses.

**WHEN:** Wednesdays Monthly 10am-11am  
12/8/2015, 9/9/2015, 7/10/2015, 4/11/2015 and 2/12/2015

**VENUE:** Therapy Matters  
Suite 4, 43 Tallebudgera Creek Rd  
West Burleigh QLD 4219

**COST:** \$44

**PRESENTER:** Jillian Craig is a Speech Pathologist with extensive experience in the field of paediatric (child) feeding difficulties having completed training in the Sequential Oral Sensory Approach to feeding difficulties (SOS).

**CONTACT:** Jillian Craig @ Therapy Matters

**PH:** 07 55207860 **MOB:** 0412195165 **EMAIL:** [workshops@therapymatters.com.au](mailto:workshops@therapymatters.com.au)

## Encouraging a Wide Range Of Foods Registration Form

### PERSONAL DETAILS

Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Organisation \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Seminar Date Preferred (please indicate):

12/8/2015, 9/9/2015, 7/10/2015, 4/11/2015 and 2/12/2015

### PAYMENT DETAILS

**PAYMENT REQUIRED: \$44** Multiple participants = No. \_\_\_\_ x \$44 = \_\_\_\_\_

<input type="checkbox"/> Cheque	Make cheques payable to Therapy Matters
<input type="checkbox"/> Direct Deposit	BSB 114-879 Account No. 106072213 Use your name/organisation as payment reference. Please email remittance details to <a href="mailto:workshops@therapymatters.com.au">workshops@therapymatters.com.au</a>
<input type="checkbox"/> Credit Card	Name on card _____ Credit Card No. _____ CVV No. _____ Expiry Date ___/___
<input type="checkbox"/> Invoice my Organisation	Name of Organisation _____
Purchase no: _____	Attention _____ Email address _____

Post, email or fax registration form to:

Therapy Matters

Suite 4, 43 Tallebudgera Creek Rd West Burleigh Q 4219

Email: [workshops@therapymatters.com.au](mailto:workshops@therapymatters.com.au)

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