# Lynda Roberts Cert Ed. SQHP (GHR)

www.hypnotherapysoutheast.co.uk

# PROFESSIONAL PRACTITIONER DIPLOMA IN HYPNOTHERAPY

GHSC
General Hypnotherapy Standards Council
Accredited Training

## APPLICATION FORM

**NAME**_____ **(TITLE )**

**ADDRESS**_____

_____

**TEL: HOME** _____ **MOB** _____

**E MAIL** _____

**DOB** _____

**CURRENT OCCUPATION** _____

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**WHAT IS YOUR HIGHEST LEVEL OF EDUCATIONAL ACHIEVEMENT?**

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**WHAT ARE YOUR BELIEFS ABOUT HYPNOTHERAPY?**

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_____

**HAVE YOU ATTENDED ANY OTHER RELATED COURSES (I.E. LIFE COACHING. NLP)** _____

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**PLEASE OUTLINE YOUR REASONS FOR WANTING TO JOIN THIS COURSE**

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**DO YOU HAVE ANY HEALTH ISSUES? PLEASE GIVE DETAILS, INCLUDING ANY MEDICATION WHICH MAY IMPACT ON YOUR STUDY**

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**FULL COMMITMENT TO THE COURSE IS IMPORTANT TO ENABLE YOU TO BE A COMPETENT HYPNOTHERAPIST – IS THERE ANYTHING WHICH MAY IMPACT ON YOUR FULL ATTENDANCE FOR THE TEN WEEKENDS?**

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**PLEASE NOTE COURSE MATERIALS WILL BE SENT TO YOU VIA E MAIL – PLEASE CONFIRM YOU ARE ABLE TO ACCESS AND RESPOND ELECTRONICALLY. YES ☐**

**FULL DETAILS OF COURSE FEES ARE INCLUDED IN THE PROSPECTUS.**

**PLEASE READ THROUGH THE FOLLOWING, AND SIGN WHERE INDICATED AT THE END OF THE FORM.**

**Deposits only : Please pay your deposit of £250 by BACS, and e mail the completed form to lynda@hypnotherapysoutheast.co.uk with confirmation of payment. Sort Code 20-22-67. Account 10280097. L. Roberts. Please ensure you add your name as the reference! Please note all monthly instalments will be payable by BACS or cash on or before the first session of the month.**

**I am paying in full ☐ deposit only ☐**

**Amount paid on enrolment _____**

**Date of BACS transfer and e submission of enrolment form_____**

- **Balance due _____**
- **If paying deposit only, I agree to pay the remaining balance by interest free monthly instalments by cash or bank transfer (BACS), which will be paid on or before day one of each month's sessions.**
- **I agree to attend 20 days of classroom tuition, and to complete all required reading, assignments and case studies.**
- **I accept the terms set out in the Prospectus concerning refunds in the unlikely event of withdrawal from the course.**
- **I have completed this application form fully, and there are no undeclared issues which may affect my ability to study and take part in all practical sessions.**
- **I understand that acceptance onto the course is subject to a telephone, Face Time/Skype or in person informal discussion to ensure I am on the right course for me.**

**Signed_____**
**Please print name _____**
**Date_____**

**THANK YOU VERY MUCH FOR YOUR APPLICATION FORM – I LOOK FORWARD TO WORKING WITH YOU**

**With best wishes**
*Lynda*