



Application Form for:-

The Practitioner Level Hypnotherapy (Dip.AH) course

Personal Details

Title Marital Status

Forename(s)

Surname Date of Birth / /

Address Line 1

Address Line 2

City/Town

County/District

Country

Postcode/Zip Code

Telephone STD Number

Mobile Number

Email address

Medical/Dietary - Have you ever suffered from epilepsy? Consulted a psychotherapist or psychiatrist?
Do you have any medical problems or disabilities?

(n.b. These details are kept **Strictly Confidential**).

Special diet required? (Please specify what).



Your education

Secondary - where, when, qualifications

Tertiary - college/university/other institute of further education where, when, qualifications

Your Occupation(s)

Current

From

/ /

To

/ /

Previous (brief)

Hypnosis/Hypnotherapy Experience - if any

As a client

Training

As a therapist

Your motivation/ambitions

What do you hope to achieve from this course? How do you feel this will help your clients (paying or not)?

Enrolment and Payment for Course.

Enrolment fee (on acceptance)	£350.00
Then balance 14 days before start date	£1,300.00
Total	£1,650.00

Note that you may be able to fund the course through a Course Development Loan - please contact me for further information. **Do not send any fee payment with this application.** On acceptance for the course you will be notified to go ahead with payment (included for your information).

Terms and Conditions

1. Payment is by cash (by arrangement), cheque or money order - cheques, etc. Payable to "John Moonie". Send to:- John Moonie, HypnoPerth, 11, Fraser Terrace, PERTH, SCOTLAND, UK PH1 1BX .
2. The course will proceed with a minimum of 2 fully-paid students and a suitable finally booked venue is secured if it is not my practice address.
3. A full refund of the enrolment fee or full course fee (if paid) will be given in the event that the course does not proceed for any reason, or you are not accepted for the course, or if I am unable to present the course at all due to unforeseen circumstances.
A partial refund will be made if I am unable to present some part(s) of the course - in this event a pro-rata refund will be made by cheque to your name at the address above on clearance of your own cheque or other payment. All reasonable efforts will then be made to deliver the remainder of the course as soon as practicable.
4. Once the course is confirmed as proceeding and cheques have been cashed there will be no other circumstances other than mentioned in point 3. where refunds will be considered. E.g. Students departing prior to completion on their own decision.
5. You should consider taking out your own insurance against your inability to attend or complete the course e.g. through illness or other unforeseen but insurable circumstances.

I agree to abide fully by the terms and conditions of this course application.

Signed _____ Date ____ / ____ / ____

Name (block capitals) _____

Address _____