

Mind-field training

Incorporating.

South West School of Clinical Hypnotherapy; Kent College of Hypnotherapy; LHA

COURSE APPLICATION FORM

Title:FULL NAME.....

Address:.....

.....

Post Code:..... Date of birth:.....

Home tel no: Mobile:.....

Work tel no:.....

Email:.....

Current Occupation:

Professional Qualifications / Further, higher Education. Please list below.

<u>Qualification</u>	<u>Awarding Body</u>	<u>Date</u>
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Life Experience

(please list any life experience which you feel is relevant)

Have you experienced Hypnotherapy before? Y / N (Please circle)
If yes, please explain briefly how you found the experience.

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Why do you wish to study Hypnotherapy?

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What factors influenced your decision to join a Mind-field / SWSCH/ Kent College training course?

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What would you like to achieve whilst undertaking Hypnotherapy training?

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How did you hear of us?

Please tick if any of the following are appropriate to you:

Major Heart Condition	Epilepsy	Asthma	Partially Sighted
Multiple Sclerosis	Diabetes	Autism	Parkinson's disease
Infectious Disease	Pregnant	Hearing Difficulties	Breathing difficulties

Do you have any other Medical Conditions not listed above?

Are you on Medication at present?.....

Are you on income support / Incapacity Benefit / Jobseeker's Allowance?

Declaration

I declare that the information I have given on this form is correct.

I understand that I take full responsibility for my training and the payment of my training with Mind – field Training incorporating (The South West School of Clinical Hypnotherapy & Kent College of Hypnotherapy) throughout the course. I do not have a criminal record. I do not suffer with a drug / alcohol addiction.

Signed.....

PRINT NAME IN CAPITALS.....

DATE.....

Return to address listed below:

COURSE APPLICATIONS DEPARTMENT – Mind-field Training
The South West School of Clinical Hypnotherapy
4 The Orchard. Etchingam. East Sussex. TN19 7AW
www.southwesthypnotherapy.co.uk
info@southwesthypnotherapy.co.uk