

**European College of Hypnotherapy**  
**BOOKING FORM**  
**and SUMMARISED INFORMATION**

**LOCATION**

Our **INTENSIVE** (consecutive weekdays, with weekend breaks) courses are usually taught at Bulkeley House, Middle Hill (top of), Englefield Green, near Egham, Surrey TW20 0JU. We can supply a list of local B&B places. Some courses are taught abroad, and occasionally other places in the UK.

(Because of the intensive nature of these courses, an examination is not usually required. The student is assessed throughout the course.

Our **GENERAL** courses (one weekend a month over 6 or 10 months) are usually taught in London. An examination is necessary at the end of these courses.

**TIMES**

**Intensive** courses for both **Diplomas** are 10.30 am to about 4.30pm with short morning and afternoon breaks. (Sometimes the courses slightly exceed these hours).

**INTENSIVE COURSE FEES HAVE BEEN REDUCED FOR A WHILE**

The 10-weekday **Diploma in Hypnotherapy** Intensive Course now costs **£1,750 - ALL IN.** (WAS £2,200.75) ; the 10-weekday **Diploma in Past Life Therapy & Spirit Releasing Therapy** Intensive course now costs **£1,250 – ALL IN.** (WAS £1,421.75).

**PAYMENT**

The Deposit should be half of the total course fee.

The balance may be paid on day 1 of the course.

Cheques should be made out Dr Keith Hearne, and sent to our Office:

**The European College of Hypnotherapy**  
**5 Schroder Court**  
**Northcroft Rd**  
**Egham**  
**Surrey**  
**TW20 0EH**

Telephone enquiries: **01784 479930**

E-mail : [training@european-college.co.uk](mailto:training@european-college.co.uk)

**SEND THE FOLLOWING PART WITH YOUR PAYMENT.**

**YOU MUST COMPLETE AND SIGN THE CONFIDENTIAL DECLARATION.**

**PLEASE TICK :**

I should like to enroll on the following course :

- INTENSIVE Diploma Course in Hypnotherapy**  
Starting : (enter date).....
- INTENSIVE Diploma Course in Past Life Therapy**  
Starting : (enter date).....

Confidential information :

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Qualifications \_\_\_\_\_

I enclose a deposit cheque of \_\_\_\_\_ (half the total course fee) and agree to pay the balance at the start of the course.

(If you require a special payment plan, due to hardship, please telephone us.)

Please state where you heard about us \_\_\_\_\_

**CONFIDENTIAL DECLARATION**

Have you ever been convicted of a criminal offence?

YES/ NO If Yes, please give details \_\_\_\_\_

Please state any serious physical or psychological illness that you have experienced \_\_\_\_\_

Do you currently have any physical or psychological disorder(s)?

If so, give details \_\_\_\_\_

Are you taking any medications? If so, please give details.

Have you ever been the subject of professional disciplinary proceedings ? YES / NO If so, please give details

Should any of these situations arise during your training with us, you must inform us immediately.

Signed \_\_\_\_\_ Date \_\_\_\_\_