

**BOOKING FORM** (PRINT-OUT, COMPLETE FORM, AND RETURN WITH DEPOSIT)

**PLEASE TICK:** I should like to enroll on the following course:

**EXPRESS COURSE – DIPLOMA IN HYPNOTHERAPY**

Starting: (enter date).....

**FLEXI-COURSE - DIPLOMA IN HYPNOTHERAPY**

Suggested starting date:.....

Have you let us which dates need to be altered for you? YES / NO

**CERTIFICATE IN PAST-LIFE THERAPY & SPIRIT  
RELEASE THERAPY** (short course)

Starting: (enter date).....

**ADVANCED DIPLOMA IN HYPNOTHERAPY**

**Starting date:**.....

(Please ring us on 01784 433 421, or email us at [training@european-college.co.uk](mailto:training@european-college.co.uk) if you have any queries)

**Confidential information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Qualifications \_\_\_\_\_

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

**I enclose a non-refundable deposit-cheque of £250. (Payee: Dr Keith Hearne.  
Send to the office at: 5 Schroder Ct, Northcroft Rd, Egam, Surrey TW20 0EH)**

**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 \_\_\_\_\_