

BOOKING FORM

Please print, complete, and send with non-returnable deposit (Dip.Hyp: £250) payable to Dr Keith Hearne, at:

E.C.H. OFFICE, 5 Schroder Ct, Northcroft Rd, Egham, Surrey TW20 0EH

(Ring 01784 433 421, or email training@european-college.co.uk if you have any queries).

I SHOULD LIKE TO ENROL ON THE FOLLOWING COURSE: (Please TICK)

EXPRESS COURSE – DIPLOMA IN HYPNOTHERAPY

Starting: (enter date).....

FLEXI-COURSE - DIPLOMA IN HYPNOTHERAPY

Suggested starting date:.....

Let us know before you send in this form if you could not attend any of the suggested dates. Give alternatives dates so that we can possibly work out a course suitable for all.

CERTIFICATE IN PAST-LIFE THERAPY & SPIRIT

RELEASE THERAPY (short course)

Starting: (enter date).....

ADVANCED DIPLOMA IN HYPNOTHERAPY

Starting date:.....

Confidential information:

Name _____

Address _____

Post code _____

Email address _____

Telephone _____

Occupation _____

Qualifications _____

Please state where you heard about us _____

CONFIDENTIAL DECLARATION

Have you ever been convicted of a criminal offence? YES/NO _____

If Yes, please give brief details _____

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

Do you currently have any physical or psychological disorder(s)? YES/NO _____

If so, give details _____

Are you taking any medications? YES/NO _____ If so, please give details.

Have you ever been the subject of professional disciplinary proceedings? YES / NO _____

If so, please give brief details _____

Should any of these situations arise during my training I will inform the College immediately.

Signed _____ Date _____