

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 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 _____