

## **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 \_\_\_\_\_