



Application Form & Background Information Form

Your full Name

Previous Name D.O.B.....

Best contact Home..... Mobile.....

Email..... Marital Status.....

Children Ages.....

Home Address

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Present Occupation

Are you applying for Reconised Prior Learning?

Relevant qualification

Reason to train as a professional Hypnotherapist

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3 referees and best time to contact

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I declare that I have not been convicted of a "serious sex offence"

I also declare that I am not a "registrable person" under the *child protection* (Offenders Registration) Act 2000.

Signed Dated.....

Please print Name

Witnessed Dated.....

Please print Name