



The Hypnotherapy Association

Application for Hypnotherapy Training Course Approval

Name of Training Organisation

Company Address

Company Contact Number

Website Address

Email Contact Details

Director's Name

Trainer's Name

Qualifications and number of years in practice as a hypnotherapist of each trainer

Period of time the training school has been running training courses

Title of the Course Submitted for Approval

Number of hours classroom training

Number of home
study hours

<input type="text"/>	<input type="text"/>
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Which other/if any other Professional Associations have you applied to/or are applying to for recognition?

How did you hear of the
Hypnotherapy Association?

Do you agree to recommend to your students, upon commencement of the approved training course, that they join the free HA student membership scheme that will entitle them to attend HA events and to receive free copies of the HA journal for the duration of their student membership.

Name (in block capitals)

Signature

Date

<input type="text"/>	<input type="text"/>
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Please submit your application form to the address below and please also include copies of your course prospectus and your course content and teaching schedule.

The Hypnotherapy Association, 14 Crown Street, Chorley, Lancashire, PR7 1DX • 01257 262124