

NGH Hypnotherapy Certification Practitioner Course

**Dublin, Ireland, Commencing October 2011
Galway, Ireland, Commencing February 2012**

Dublin Course _____ Galway Course _____

Name _____

Address _____

Tel: _____ Mobile: _____

Email: _____ Nationality _____

Reason for doing this course

Education to date:

Current Occupation:

Previous Hypnotherapy Training (if applicable) _____

Do you have or have you been diagnosed with any serious physical or psychiatric illness?
Yes/No If Yes please give details

Have you ever been convicted with or charged with a criminal offence and/or have you ever

served a prison sentence?

Yes/No If Yes please give details

Who was your contact regarding the course?

Niamh _____ **Rory** _____ **Other** _____

FEES

I enclose a deposit of 300 euro. I understand that this deposit is non-refundable except in the case where I am not accepted on to the course.

I agree to pay the balance of fees in full by the first day on which the course for which I am registered commences.

Cheques made payable to Bodywatch Ltd.

I declare that the above information is true and correct and that if I am accepted on to the course I will pay the balance in full as agreed. I understand and agree that acceptance of my application is at the discretion of Bodywatch Ltd and that no reason need be forthcoming if my application is not accepted.

Signed: _____ **Date:** _____

Please send this completed application form to Niamh Flynn Suite 29 Floor 2 The Galway Clinic, Doughiska, Galway, Republic of Ireland

Payment Choices

Payment by cheque – Please make cheques payable to Bodywatch Ltd and send to:
Suite 29 Floor 2 The Galway Clinic, Doughiska, Galway. Republic of Ireland

*less discount if applicable

Payment terms and conditions

A non-refundable deposit of 300euro is required with the application form.. The balance of the fee must be made at least 10 days prior to commencement of the course. Bodywatch Ltd reserve the right to change times and venues. If the course is cancelled then students will receive a full refund but Bodywatch Ltd will not be liable for any additional expenses incurred by students.

Bodywatch Ltd. Suite 29 Floor 2, The Galway Clinic, Doughiska, Galway, Ireland

Tel: 091 720145 **Fax:** 091 720146

This application form must be completed in full and signed and delivered by post only