

DIPLOMA COURSE
Application Form

I should like to be considered for enrolment on the Course and **enclose £450 deposit** .

I have received the current COMPREHENSIVE GUIDE TO TRAINING & REGISTRATION together with accompanying sheet headed CURRENT INFORMATION and document headed CODES OF PRACTICE AND CONDUCT.

I append herewith my Personal, Occupation and Education details, **together with two written references** from either employment or friends (references from family are unacceptable unless you are employed in a family business) . I also enclose the completed form headed CONFIDENTIAL DECLARATION. Please use block capitals for names, addresses and contact details.

PERSONAL DETAILS

Full Name(s) _____

Address _____

_____ **Post Code** _____

Tel No(s) Bus _____ **Home** _____

email _____

Date of Birth _____ **First Language** _____

Ethnic Origin _____

Present Occupation _____

Previous Occupations (with dates) _____

Details of any Voluntary Work

In which location do you wish to study **Hampshire** **CAMBRIDGE**
(Please circle your preference)

Cont'd over

Educational Details/Qualifications
(Please give details of Full and Part-time Education)

Dates SCHOOL/COLLEGE/UNIVERSITY QUALIFICATIONS ACHIEVED

OTHER TRAINING QUALIFICATIONS OR RELEVANT EXPERIENCE
(dates and certificates mentioned, if any – please include evening classes/work study courses)

REASONS FOR WISHING TO UNDERTAKE THE COURSE (continue on a separate sheet if necessary)

Please give names and addresses of the 2 personal character referees WHICH YOU HAVE ENCLOSED. These may be contacted for corroboration.

1. Name _____ Phone no. _____

 Address _____

_____e-mail: _____

2. Name _____ Phone No _____

 Address _____

_____e-mail _____

I declare that to the best of my knowledge, the above information and the information on the confidential declaration is correct, and understand that by signing this application form I have read, understood and accepted CCH's literature pertaining to the course(s), as detailed at the top of this application form. I have read, understand and will comply with the Terms and Conditions of CCH.

Signature _____ Date _____

Cheques payable to **Cambridge College of Hypnotherapy**, post to CCH Ltd, 24 Milton Road, Impington, Cambridge, CB24 9NF (Cambridge Course) OR
Cambridge College of Hypnotherapy (Southern) The Equilibrium Centre White Lion Court, Hollybush Farm, Stoney Heath, Ramsdell, Tadley, Hampshire, RG26 5SL (Hampshire Course)