

# Cambridge College of Hypnotherapy Ltd

## Confidential Declaration

	Applicant Name	Date
1	1. How did you hear of the Cambridge College of Hypnotherapy	
2	Have you applied to any other training establishments? If so, which ....  And what made you decide on this course?	
3	Have you suffered from any serious illness, physical or mental disability or nervous disorder which might disrupt your studies or future professional functioning? If YES, please give brief details.	
4	Please name any regular medication which you currently need to take (BLOCK Letters) and its purpose.	
5	Have you at any time undergone psychoanalysis, hypnotherapy, any other psychotherapy or counselling? If YES please state approximate dates.	
6	Have you ever been convicted of a criminal offence? If YES please give details.	
7	Have you EVER been the subject of any civil action pertaining to your professional work if already practising hypnotherapy – or any other therapy? If YES please give brief details and outcome.	
8	Have you EVER been the subject of any professional disciplinary proceedings pertaining to your work? If YES please give brief details.	
9	Have you EVER been requested to leave a course before its completion (including taking final examinations)? If YES give brief details of reason/s.	
10	Have you ever chosen to leave a course before its completion? If YES give brief details of reason/s.	
11	How long is it since you did any studying?	

12	Why do you want to be a therapist?
13	What particular attributes do you consider you have in order to be a therapist?
14	Excluding unforeseen circumstances is there ANYTHING which might disrupt your training?
15	Is your partner (if applicable) in agreement with your undertaking the training?
16	Are you confident there will be no financial problems during the course?

Any other information you may wish to add.

I fully understand and agree that CCH should be informed without delay if any situations relating to the continuance of my suitability to become a therapist should arise whilst I am undergoing training. I agree to my details being maintained on a database for the purposes of training and professional development. (Details will not be disclosed to third parties). I also understand and agree that all written and electronic materials become the intellectual property of the school and may be used as necessary. Photographs / Videos may be taken during the course and may be used to promote the school and give my permission for this.

Signed \_\_\_\_\_ Date \_\_\_\_\_