

HS Advanced Specialist Training courses - Initial Application form

Name of Training Provider:

Title of training course:.....

How long has this course been running?.....

How did you hear about us?.....

Contact details of course leader/administrator:

Name:

Address:

Phone:.....

Email:

Website:

Name(s) Registered Company Director(s):

Please answer the questions below, as well as supplying us with additional information/ examples to show us as much as possible about the course. We will decide if a site visit is necessary.

Please describe the **purpose** of the course. Who is it aimed at, and what will they achieve as a result of undertaking it?

Please describe the **structure and content** of the course. How long is it in hours and days ?
How do students/trainees learn – by lectures/discussion/experiential exercises?

Student Numbers

How many students have completed the course during this academic year:

How many students will be enrolled on the next course (If known):

Please describe the **premises** where training is held:

Communication Preferences

I confirm that I wish to receive the following information from the Society via email and/or post:

- Newsletters and updates
- Membership Surveys
- Society Brochures

Application Pack Check List:

Enclosed with this application:

- Copy of all Course Content (including tutor notes, powerpoint slides, student handouts etc)
- Copy of current Public Liability Insurance Certificate (incl 'Training')
- Examples of Marketing Materials/Certificates awarded etc for course
- Tutor's CVs
- Signed National Hypnotherapy Society Quality Checked Terms & Conditions
- Complaints Policy (including an independent complaints review/ICR process)
- Student Feedback (if available)
- Signed Standing Order Mandate (please advise if you require an invoice or wish to pay by bank transfer)