**Course Booking Form - UK**

|  |
| --- |
| **Your Details** |
| **Full Name**  |  |
| **Address**  |  |
| **Date of Birth** |  |
| **Email** |  |
| **Occupation** |  |
| **Telephone number**  |  |
| **NLP experience** |  |

**Please tick the course(s) you are applying for:**

|  |  |
| --- | --- |
| **NLP Diploma** |  |
| **NLP Practitioner**  |  |
| **NLP Business Diploma** |  |
| **NLP Business Practitioner**  |  |
| **Advanced NLP Business Practitioner** |  |
| **NLP Master Practitioner** (NLP Practitioner prerequisite) |  |
| **Identity by Design** |  |
| **Core Transformation** |  |
| **Hypnotherapy Practitioner** (NLP Practitioner prerequisite) |  |
| **Hypnotherapy Master Practitioner** (Hypnotherapy Practitioner prerequisite) |  |

**Health Declaration**

We need some information that will be held in the strictest confidence. It is important that you read, fill in, sign and return this form to me; it is a prerequisite for being accepted on the course. Thank you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you in good physical health? | Yes |  | No |  |
| Do you suffer from or have you ever suffered from the following? |
| Asthma or bronchitis | Yes |  | No |  |
| Clinical Depression | Yes |  | No |  |
| Epilepsy | Yes |  | No |  |
| Heart condition | Yes |  | No |  |
| Are you, or have you ever been on any prescription medication for depression, anxiety or an ongoing mental health condition?  | Yes |  | No |  |
| If yes, please give details: |
| Are you or have you ever been under a doctor’s care for a psychiatric condition or been seen by a psychiatrist, psychologist, counsellor or psychotherapist?  | Yes |  | No |  |
| If yes, please give details: |
| Do you suffer from any physical disability or psychological condition that could prevent full participation in an active study programme? | Yes |  | No |  |
| If yes, please give details: |
| Have you previous been involved in training in psychology, psychotherapy, hypnosis, NLP or coaching process? | Yes |  | No |  |
| If yes, please give details: |
| Are there any learning / access difficulties or special requirements that we need to be made aware of, inc. mental health or neuro-divergent patterns of behaviour? | Yes |  | No |  |
| If yes, please give details: |

**Declaration**

I understand that the training I receive is for educational purpose only and that it is not a substitute for proper medical or psychological treatment. If I suspect or know that I am suffering from any physical or psychological ailment or condition, then I will seek appropriate medical or psychological treatment before attending the NLP Practitioner programme.

I understand that I need to attend all sessions in order to qualify.

I have read the application and declaration, truthfully completed all relevant portions and I understand and agree to the terms.

Signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Printed Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . .

NB. Would you like to be kept informed about courses, practise sessions and other news from our company? If so, please tick here

Note: We process information in accordance with the Data Protection Act and GDPR and never sell your information to third parties.