NATIONAL COUNCIL FOR HYPNOTHERAPY
including the Hypnotherapy Register (Est 1973)
Founding member (registering/accrediting) of the UK Confederation of Hypnotherapy Organisations
Address: PO Box 14542, Studley, Warwickshire, B97 9HH
Phone / Fax: 0845 544 0788
Website: www.hypnotherapists.org.uk
Email: admin@hypnotherapists.org.uk

INTERNATIONAL MEMBER APPLICATION

Title: _______ Full Name: ____________________

Address: ____________________

____

____________________ Country: ____________________

Home Phone: ____________________ Mobile: ____________________

Date of Birth: ____________________

Email Address: [__]

Training Establishment: ____________________

Course Title: ____________________

Date of Completion: ____________________

Name of Trainer: ____________________

Signature of Trainer: ____________________ Date: ____________________

(this form must be signed by your trainer to confirm your qualification OR send a photocopy of your qualification)

I herewith apply as an International Member to the NATIONAL COUNCIL FOR HYPNOTHERAPY

I declare that the above information is correct.
I agree to adhere to the Code of Ethics and Practice of the National Guild of Hypnotists OR

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(name of your national professional body: you will also need to send a copy of your organisations membership criteria, code of ethics & complaints procedure)

I confirm that I am a member in good standing of the above organisation
I confirm that no complaint has ever been filed against me (or if it has I enclose full details).
I accept the principle and practice of on-going training and supervision and/or peer support.
I undertake to maintain adequate insurance in respect of professional indemnity and public liability if seeing clients.
I understand that acceptance of my application is at the discretion of the Executive Committee and that no reason need necessarily be given should membership be declined.

I authorise you to charge £70 to my Visa / Mastercard (number): ____________________

Name on Card: ____________________ Card Security Code (last 3 digits on reverse of card): _____

Start Date: __________ Expiry Date: __________ Issue Number (if available): ____________________

Signature: ____________________ Date: ____________________

Application form