

**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: .....

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?

Please list names of all tutors (copies of all Tutor cv's will be required as part of the assessment)

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

**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):

**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)