

HS Quality Checked Training courses - Initial Application form

Name of Trainin	g Provider:		
Title of training of	course:		
Type of course ((Please select):		
CPD	Qualification	Post Qual (Specialised area)	Other:
How long has th	is course been running	j?	
How did you hea	ar about us?		
Contact details	s of course leader/adm	ninistrator:	
Name:			
Address:			
Phone:			
Email:			
Website:			
Name(s) Registe	ered Company Director	r(s):	
		well as supplying us with additional info e. We will decide if a site visit is necess	
	e the purpose of the co Is it specifically CPD for	ourse. Who is it aimed at, and what will by hypnotherapists?	they achieve as a result of

Please describe the structure and content of the course. How long is it in hours and days? Is it delivered face to face, online*, by correspondence or a mixture of these? How do students/trainees learn – by lectures/discussion/experiential exercises?
*If you wish us to assess the course for delivery Online as well as Face to Face please contact us for how to apply and costs.
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



How n	nany students have completed the course during this academic year:
How r	nany students will be enrolled on the next course (if known):
Comm	nunication Preferences
Comm	idification Freierences
I confi	rm that I wish to receive the following information from the Society via email and/or post:
	Newsletters and updates
	Membership Surveys
	Society Brochures
Applica	tion Pack Check List:
	tion Pack Check List: ed with this application:
	ed with this application:
	ced with this application: Copy of all Course Content (including tutor notes, powerpoint slides, student handouts etc)
	ced 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')
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