

**Advanced School of Hypnosis Northwich Registration Form**

Please complete all sections in block capitals and return to 58 Alan Street, Northwich, Cheshire CW9 7AQ with a non-returnable deposit of £195 made payable to "Resolve Hypnotherapy". *(Fold form to fit into standard envelope to avoid excess postage charge)*

**Full Name**..... **Landline Tel No**.....

*(As you would like it to appear on the Diploma)*

**Mobile Tel No**.....

**E-mail address** .....

**Postal Address** .....

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**Date of Birth** ..... **Course Starting Date** .....

**Occupation** .....

Educational and Professional Details (please give dates, names of educational establishments and qualifications) *use separate sheet if necessary*

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**Reasons for wishing to study**

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**Prior training/experience in related fields**

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**Please list any books or related material you have read on the subject of hypnotherapy, psychotherapy or psychology etc**

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**Please supply any other information you consider relevant to your application**

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**Signature**..... **Date** .....