

THE DELWYN SCHOOL OF CLINICAL AND ADVANCED HYPNOSIS  
AS PART OF THE



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## Diploma in Clinical and Advanced Hypnosis and Hypnotherapy Practitioner Diploma

### Application Form

Name. (Dr/Mr/Mrs/Ms/Miss)

Address.

Telephone.

E-mail

Date of Birth.

Academic and Professional Qualifications.

Previous and Present Employment

I enclose a deposit of £\_\_\_\_\_ (minimum 10% or by special arrangement) and understand that this is refundable should my application be declined. Cheques payable to WSCAH (Wales).

The fee, inclusive of certification fees, is £1,750.00

I declare that the above information is correct and that, if accepted on to the course, I will pay the full balance as agreed by the starting date of the course for which I am applying or will enter into an arrangement to pay this by monthly instalments at 0% interest.

Signed

Date