

ICHP APPLICATION FORM

DEGREE IN CLINICAL HYPNOTHERAPY-PSYCHOTHERAPY

(Please complete this form using **BLOCK CAPITAL LETTERS**)

Surname								
Forename(s)								
Title:Mr./Mrs./Ms./etc.		Sex	M	F	DOB:	DAY	MTH	YEAR
Nationality				Occupation:				
Address for Correspondence:					Permanent home address(if different):			
Daytime Telephone:				Mobile:				
Fax Number				Email				

2. COURSES

Please indicate the level of ICHP Degree Programme for you which you are applying:
 (Applicants should supply documentary evidence, where necessary, of prior ICHP qualifications for each previous level taken, or equivalent from alternative providers.

Foundation Certificate in Clinical Hypnotherapy-Psychotherapy	
Diploma in Clinical Hypnotherapy-Psychotherapy	
Advanced Diploma in Clinical Hypnotherapy-Psychotherapy	
Degree Programme in Clinical Hypnotherapy-Psychotherapy	
Masters Programme in Clinical Hypnotherapy-Psychotherapy Year 1/4	

If you have a disability or specific learning difficulty please tick this box
The Institute will try, as far as possible, to meet the needs of students with a disability. If you have a disability or specific learning difficulty you are invited to inform the College. More detailed information may be sought at a later date.

This information will not in any way prejudice or favour your application.

3. EDUCATION

Secondary Education

Junior Certificate

Leaving Certificate

Third Level Education

Name of Institute/College	Years of Study	Course Title	Qualification Awarded

On the line below, please outline the name you would like to appear on any ICHP Qualifications or Awards:

Declaration:

I declare that the information herein is true to the best of my knowledge and belief. I have read the ICHP prospectus and understand that the course is devised in its entirety by and in copyright of ICHP. The Examinations referred to are under the Jurisdiction of the Irish Hypnotherapy Examiners Board and any dispute shall be referred to this body, whose decision will be final and binding on both student and Modular Tutor; no guarantee has been implied or given that the instructor can bring the student to a pass mark in any examination. I understand that any misrepresentation herein may render my application void.

Signed: _____ **Date:** _____

Payment Information

Payment by Cheque:

Please return this form together with your cheque, made payable to ICHP to:

Admissions Officer,
Therapy House,
6 Tuckey Street,
Cork City,
Ireland

Payment by Credit Card:

You can pay by credit card, online, using the payment option at the end of the page at;
<http://www.hypnosiseire.com/events/>

Or by filling out and returning the form below:

I wish to pay by: Visa Mastercard Eurocard Access

Please charge € _____ from my account. Expiry Date: ____/____ CCV*

Card Number _____

Card Holders Name: _____

Address: _____

** (The CCV number is the last three digits of the code written where the card holders signature is located at the back of the card)*

