Advanced Diploma in Hypnotherapy Application Form

SFTA LTD
5 Grosvenor Gardens, Birkdale,
Southport PR8 2LH.
Tel: 0345 257 0056
info@sfta.co.uk
www.sfta.co.uk

Date:

Name:

Address:

Postcode:

Contact Number:

Email address:

Date of Birth:

Please state your hypnotherapy qualification/s and training school/s attended:

Please state your professional membership/s (relevant to hypnotherapy) and your level of membership:

Where did you first hear about this course?

We may wish to conduct enquiries to ascertain your membership and to check that your professional body is reputable and has appropriate minimum requirements in terms of initial training.

Do you consent to our making enquiries in this regard?

After filling in the application form please email it to info@sfta.co.uk.