



the college of medical hypnosis

CLINICAL COURSE APPLICATION FORM 2020

Please complete this form and email it to us at info@mindperformance.com or fax to (02) 9688 2800 within Australia or +61 2 9688 2800 internationally

Please ATTACH the following to this application (REQUIRED FOR ENROLMENT)

- CURRENT AHPRA REGISTRATION** (Australian health professionals except Social Workers) **OR**
- TERTIARY QUALIFICATIONS** (Australian social workers and overseas health professionals only) **AND**
- Current professional insurance** (Social Workers and overseas health professionals only)

Full Name: Dr / Mr / Mrs / Ms (or other title.....)

Work Address:

Suburb: State: Postcode: Country:

Mailing Address:

Suburb: State: Postcode: Country:

Phone No's: (work) () (home) ()

Facsimile No.: () Mobile No. :

Email Address: Website:

Qualifications:

Present field of work:

Years of experience as a health professional: with hypnotherapy..... CBT..... FPS.....

Previous use of or training in hypnosis, relaxation or meditation.....

My aim(s) in attending this course:

Interests / Hobbies:

Psychologists: I am a full associate non-member of the APS

Social Workers: I am a member of the AASW/ACSW

Occupational Therapists: I am a member of the AAOT/OT Australia

Nurses & Midwives: I am a member of the ACMHN ACN APHCNA/APNA

Medical Practitioners: I am a vocationally registered GP I have level 1 level 2 training

I am a member / fellow of the RACGP number Provider No

I am a member / fellow of the ACCRM number Provider No

Other professionals: I am a member / fellow of.....

NB Check with us for course vacancy.

Please complete the following page...

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Email: info@mindperformance.com Website: www.mindperformance.com

Suites 1 and 2, 1a Ashley Lane, Westmead NSW 2145 Australia

Ph: (02) 9688 2300 Fax: (02) 9688 2800 International: Ph: 0061 2 9688 2300 Fax: 0061 2 9688 2800

Please enrol me in the following (CMH) Clinical Course: (please indicate preferences with a X)

Course Venue: Course Dates:

A former student recommended this Course to me: No Yes Name:

Do you have any special dietary requirements?

Payment

I am: posting a cheque/money order.(Please make cheques payable to The College of Medical Hypnosis)

or supplying credit card details or depositing payment directly into the CMH account

COURSE DEPOSIT - (including 10% GST) \$550.00

(the balance of the course fee being due at the commencement of the course or by early bird date for discounts)

OR TOTAL FEE for:

(Early Bird Discounts are for full payment by Early Bird date = \$200 for 8 weeks & \$100 for 4 weeks)

6 day course in Sydney, Melbourne or Brisbane: includes 10% GST = \$2499.00

Early bird fee for full payment 4 weeks prior to course: includes 10% GST = \$2399.00

Early bird fee for full payment 8 weeks prior to course: includes 10% GST = \$2299.00

After this course I would like my work details included onto the website for referrals..... Yes No

Signed: Date:

Credit Card details: (If paying by credit card)

Name as it appears on the card:

Type of Credit card: Mastercard Visa Card

Card Number: / / /

Card Expiry Date: /

Please charge my credit card with the sum of \$..... for the course fees indicated on this form.

Applicants name: (if different from name on card. Please print)

Signature: Date:

Bank Deposit /Transfer Details:

Name of Account: College of Medical Hypnosis

St George Bank

BSB-Bank Branch I.D.: 112 879

Account No.: 065 642 709

Swift Code: SGBLAU2S

NB CHECK COURSE AVAILABILITY BEFORE MAKING PAYMENT.

For Deposits: Please forward a copy of your bank deposit receipt with this application

For Transfers: Please ensure you include your full name on the transfer as the reference for identification

Date of Deposit/Transfer: (please note date)

Office use only:

Applicant's name:

Banking summary completed (tick when entered)

Receipt generated from MYOB

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