CPHT
Clifton Practice Hypnotherapy Training

ncfe.

Advanced Hypnotherapy Diploma
Registration Form

BLOCK CAPITALS PLEASE Complete and return to The Clifton Practice

Title: ________ Full Name: ________________________________

Address: ________________________________

________________________ County: ________________ Post Code: ____________

Home Phone: ________________________ Mobile: ________________________

Email Address: [_]

Date of Birth: ________________________

Ethnic origin (please tick) This is a requirement for the NCFE

☐ Asian/Asian British Bangladeshi	☐ Asian/Asian British Indian	☐ Asian/Asian British Pakistani
☐ Any other Asian background	☐ Black/Black British African	☐ Black/Black British Caribbean
☐ Any other Black background	☐ Chinese	☐ Mixed White and Asian
☐ Mixed White/Black African	☐ Mixed White/Black Caribbean	☐ Any other Mixed background
☐ White British	☐ White Irish	☐ Any other White background
☐ Any other ethnic group	☐ Declined to say	

I declare that the above information is correct. I understand that I can appeal against the decision of the assessor, but that the decision of the appeal process is final.

Payment for Registration - £295.00

Deposits for the full amount of registration can now be paid via bank transfer or you can set up a Standing Order for a period of 5 or 10 months:

Payments to: **The Clifton Practice**
Account No: **01206984**
Sort Code: **30-92-13**

Your payee reference should be:

Your Initial and Surname followed by AHD. e.g. if I were to sign up my payee reference would be: **DNewton AHD**

Online registration paid ☐ Standing Order 5 Months set up ☐ Standing Order 10 Months set up ☐

If you do not use online banking you may also pay your deposit by cheque made payable to 'The Clifton Practice'.

Cheque attached ☐

Signature: ________________________ Date ________________