

## Registration Form

### Your Details

<b>Full name</b> (for certification) Please <u>underline</u> surname _____	
<b>Address</b> (including postcode) _____ _____ _____ _____	
<b>Email</b> _____	<b>Occupation</b> _____
<b>Daytime telephone</b> _____	<b>Evening telephone</b> _____
<b>NLP Experience</b> _____ _____	

<b>Course: NLP Master Practitioner</b>	
Intensive Format	
<b>May 12<sup>th</sup> – 20<sup>th</sup> 2012</b>	
Attendance of all modules is a condition of certification	

<b>Payment Details</b>			
Cheques made payable to GWiz Training	Investment	VAT	Total
Early 2011 Bird Rate Payment in full required by 31 <sup>st</sup> March 2012	£1250.00	£250.00 20%	£1500.00
Full Rate Payment in full required by 30 <sup>th</sup> April 2012	£1450.00	£290.00 20%	£1740.00

Invoice required       Receipt required       (please tick as appropriate)

We need some information that will be held in the strictest confidence. It is important that you read, fill in, sign and return this form to us; it is a prerequisite for being accepted on the course. Thank you.

Are you in good physical health?		Yes		No
Do you suffer from or have you ever suffered from the following?				
	Asthma or bronchitis	Yes		No
	Clinical Depression	Yes		No
	Epilepsy	Yes		No
	Heart condition	Yes		No
Are you taking any prescribed medications?		Yes		No
If yes, please give details here:				
Have you ever been under a doctor's care for a psychiatric condition?		Yes		No
Do you suffer from any physical disability or psychological condition that could prevent full participation in an active study programme?		Yes		No

## Declaration

I understand that the training I receive is for educational purpose only and that it is not a substitute for proper medical or psychological treatment. If I suspect or know that I am suffering from any physical or psychological ailment or condition, then I will seek appropriate medical or psychological treatment before attending The GWiz Training Partnership NLP programme.

I understand that this training does not represent a qualification in hypnosis or hypnotherapy or stage hypnosis and that I will not claim or imply that I have been certified approved in any of these areas by The GWiz Training Partnership.

I understand that I will need to attend all sessions in order to qualify.

I have read the application and declaration, truthfully completed all relevant portions and I understand and agree to the terms.

I enclose a cheque made out to GWiz Training for \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_