



Application Form

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| Name: |
| Address: |
| Email: |
| If you are not a graduate of the National College, please attach copies of your qualification(s) on which you are basing your application |

Membership Declaration

I herewith apply as a Member to the National Society of Hypnosis, Psychotherapy & Mindfulness. I understand that my grade will be allocated dependent on my training.

I declare that the above information is correct. I agree to adhere to the Code of Ethics and Practice of the National Society of Hypnosis, Psychotherapy & Mindfulness and confirm that no complaint has ever been filed against me (or if it has I enclose full details). I accept the principle and practice of on-going training and supervision and/or peer support. I undertake to maintain adequate insurance in respect of professional indemnity and public liability. I understand that acceptance of my application is at the discretion of the Board and that no reason need necessarily be given should membership be declined.

Signed.....

Date.....



STANDING ORDER MANDATE

National College of Hypnosis and Psychotherapy
PO Box 5779, Loughborough, LE12 5ZF

To (name and address of your bank):.....
.....
.....

Please pay a standing order from my

Account No:
Sort Code:
Account name:

The amount of £4 per month

Commencing on the first day of 2013 and continuing until cancelled by me.

Please credit

Bank: HSBC, 4 Manchester Road, Nelson, Lancs., BB9 7EF
Sort Code: 40-34-47
Account No: 13000028
Account Name: NCHP Limited

Signature Date