

Training Provider Application for Course Accreditation:

Please give your details in **BLOCK CAPITALS**

1. All applicants, please complete the following:

Training School: _____

Training School Address: _____

Town: _____ County: _____

Postcode: _____ Telephone number (Inc. Area code): _____

Training School Email: _____

Website: http://_____

Course Title: _____

Years this course has been running: _____ Number of students qualified to date: _____

Venue(s) at which this course runs: _____

Type of organisation (please tick appropriate)

University College Ltd Company Charity Sole Trader

Partnership LLP

Company Registration number: _____

Charity Registration number (if applicable) _____

Registered Office: _____

Contact Person:

Your Name: _____

Your Position: _____ Address: _____

Town: _____ County: _____

Postcode: _____ Mobile number: _____

Telephone number (inc. Area code): _____

Email: _____

2. Would you like to apply for either Accredited Training recognition for your course?

- Yes – please complete this application form in full
- No – please complete separate Quality Checked or Advanced Specialist application form

3. Is your course accredited with another professional organisation?

- Yes – there is an opportunity to provide further detail in question 8. Please continue to complete full application form
- No - please continue to complete full application form

4. **Questions** It will be helpful to refer to the Evidence checklist when you are completing the questions below – to assist you we have added in examples as relevant.

What would you like to tell us about the quality of your course? E.g. your ethos, your curriculum, management and staffing structure.

Tell us how you can demonstrate the cohesion of your course e.g. details of the course structure, overall length of course, full or part time.

Please give us full details of the Face to Face contact hours that are included in your course e.g. refer to the curriculum and course content, tell us about the student : staff ratio.

Please give full details of the assessed study hours (apart from the F2F contact hours) and methods of assessment that you include in your course e.g. assessment methods, course content.

What arrangements do you have in place to provide supervised practice /placements for your students? e.g. provide examples of student logs, supervisor records and tutor records.

How can you demonstrate student growth and development on your course? e.g. refer to learning outcomes, give examples of assessment methods.

Give us full details of your organisation's ethics and policies e.g. a copy of your policy and procedures, your welfare and complaints procedures, your quality assurance practices and your diversity policies.

Self-Directed Element - Is there any further information that you want to tell us about?
e.g. tell us how your course supports the vocation of hypnotherapy for example your unique ethos, any creative elements and anything else you feel stands out.

Accredited Course Application Evidence Checklist: Please submit the following with your application:

| |
|---|
| <input type="checkbox"/> Course leader is an individual member <input type="checkbox"/> Syllabus or curriculum <input type="checkbox"/> Copy of policy and procedures e.g. admission policies, fees, assessments, appeals and complaints <input type="checkbox"/> Promotional materials <input type="checkbox"/> Course content and materials distributed to students <input type="checkbox"/> Course structure <input type="checkbox"/> Ethos of training school <input type="checkbox"/> Examples of assessment methods (if applicable) <input type="checkbox"/> Overall length of course <input type="checkbox"/> Staff : Student ratios <input type="checkbox"/> Total number of contact hours <input type="checkbox"/> Management and staffing structure <input type="checkbox"/> Target group of students <input type="checkbox"/> Training facilities <input type="checkbox"/> Any other information |
|---|

8. Complete this section if your course is currently recognised by another organisation. Please provide the following information:

Name(s) of organisation(s) your course is currently recognised by:

Level of approval(s) e.g. accredited/approved/Quality Checked etc.: _____

Dates of approval: _____

Inception date: _____ Renewal date: _____ End date: _____

9. Other Issues. Use this section to tell us:

Has the course you are applying for ever had accreditation, approval or recognition revoked, removed or declined? Yes No

If you have answered yes to the above please send us full details along with your application.

10. Declaration:

We certify the information listed on this application form (and any evidence required) is, to the best of our knowledge, truthful. We have read and declared all pertinent issues.

Should our course be accredited by the National Hypnotherapy Society, we agree to abide by the constitution and rules of the National Hypnotherapy Society at the time in force, and accept that membership/course recognition is at the sole discretion of the society.

Signed: _____

Dated: ____/____/____

Please send us your completed application form, bank standing order mandate, signed terms, conditions and all evidence required to:

FAO Deputy Chief Executive Officer
The National Hypnotherapy Society
19 Grafton Road
Worthing
West Sussex
BN11 1QT