

HS Quality Checked online course application form

Name of Training Provider:

Title of training course:.....

How long has this course been running?.....

How did you hear about us?.....

Contact details of course leader/administrator:

Name:

Address:

Phone:.....

Email:

Website:

Please answer the questions below, as well as supplying us with additional information/ examples to show us as much as possible about the course.

Please describe the purpose of the course. Who is it aimed at, and what will they achieve as a result of undertaking it? Is it specifically for CPD for Hypnotherapists?

Is the course time limited? Yes No

If yes please give details:

Module/ Course Title	Time available to complete course

Please give details of how coursework is marked/assessed (if applicable):

Please describe the structure and content of the course. How long is it in hours and days? Is it purely online or is there any face-to-face element (e.g. residential/live skype or video conference tutorials etc?)

Student Numbers

How many students have completed the course during this academic year:

How many students will be enrolled on the next course:

Enclosed with this application:

- Copy of Course Content
- Copy of Public Liability Insurance Certificate
- Examples of Marketing Materials to be used relating to this course
- Tutor's CV

I confirm that I wish to receive the following information from the Society via email and/or post:

- Newsletters and updates
- Membership Surveys
- Society Brochures

I confirm that the information supplied is accurate and complete to the best of my knowledge:

Print Name:

Position held:

Signature :

Date: