

The Surrey College of Clinical Hypnotherapy and Psychotherapy
is registered under the Data Protection Act in the name of SCCP Ltd

Student Application Form

Name (Mr Mrs Miss Ms Title)	
Address, inc postcode	
Telephone	
Email	
Date of Birth	

Have you had any previous psychotherapy training? If so please give brief details	
Current occupation	

Have you had or do you have any serious illnesses (please include mental or emotional disorders). If so please give brief details	
Have you ever been convicted of a criminal offence or have a charge pending? If so please give brief details	

References

Due to the nature of the skills taught on these courses it is a requirement of the governing bodies that we ensure your suitability to train and work with the general public as a therapist; please indicate which of the following options you prefer:

- I will attend an interview of approximately 30 minutes, appointment to be arranged after the SCCP receives this completed form.
- I have provided the details of two non-family members who may be contacted for a personal reference.

First Referee

Name (Mr Mrs Miss Ms Title)	
Address, inc postcode	
Telephone	
Occupation	

Second Referee

Name (Mr Mrs Miss Ms Title)	
Address, inc postcode	
Telephone	
Occupation	

Course Fees

- The course fees are detailed in the Certificate Course booking form (below);
- Deposits will only be refunded if the applicant is not accepted or the course is cancelled. A deposit is required to secure the students place on the course with the outstanding balance to be paid three weeks prior to course commencement; or by monthly standing order with the first £125 payment to be made three weeks prior to course commencement.
- Please make cheques payable to ‘SCCP’.
- *Please complete the Course booking form.*
- *If applying to begin the Diploma Course as well, the separate Diploma Course booking form must be completed.*

Signed		Date	
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Please ensure that you have completed all of the relevant sections of this form and post to:

The Surrey College of Clinical Hypnotherapy and Psychotherapy.
SCCP, 83 Woodlands Ave, West Byfleet, Surrey, KT14 6AP

Alternatively please email to: info@sccp.org.uk

On receiving your application you will be contacted by phone if possible, to discuss your references or a suitable time for an interview.

The SCCP operates an equal opportunities policy and endeavours to work with employees, students and those in association with the SCCP, without prejudice.

Certificate Course Booking Form

Name (Mr Mrs Miss Ms Title)	
Address, inc postcode	
Telephone	
Email	
Date of Birth	
Occupation	
Relevant qualifications	

I am applying for the Certificate Course commencing: _____

Terms & Conditions

- Course fees will only be refunded if the course is postponed.
- We reserve the right to amend course dates and locations.
- Failure to comply with the standards and practices which would be expected from a person holding a professional position will result in exclusion from the course.
- All course materials will be supplied.
- To sit the examination, students will be required to complete 80% of the course, and a minimum of three supervision sessions.

I have read and agreed to the above terms and conditions.

Signed		Date	
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The full course fee is £560, not including supervision or examination fee.

- I enclose a deposit of £60, with the balance to be paid 3 weeks prior to commencement; or
- I wish to pay monthly by standing order; or
- I enclose the full course fee of £560 for registration on the above course.

Please make cheques payable to 'SCCP'.

The Surrey College of Clinical Hypnotherapy and Psychotherapy.
SCCP, 83 Woodlands Ave, West Byfleet, Surrey, KT14 6AP

Office use only
Amount paid £

Cheque No

Date