



the college of medical hypnosis

SINGLE MENTAL HEALTH MODULE OR

ONE DAY MENTAL HEALTH MODULE APPLICATION FORM 2024

Please complete this form and email it to us at info@mindperformance.com or fax to (02) 9688 2800 within Australia or +61 2 9688 2800 internationally
Please inform us first if you are posting this form to the address shown below

Please ATTACH the following to this Application (REQUIRED FOR ENROLMENT)

1. **CURRENT AHPRA REGISTRATION** (Australian health professionals except Social Workers) **OR**
2. **TERTIARY QUALIFICATIONS** (Australian social workers and overseas health professionals only) **AND**
3. **Current professional insurance** (Social Workers and overseas health professionals only) **OR**
4. **I have already sent current registration or insurance for the current year** **tertiary qualifications**

Full Name: Dr / Mr / Mrs / Ms (or other title.....).....

Work Address:

Suburb: State: Postcode: Country:

Mailing Address:

Suburb: State: Postcode: Country:

Phone No's: (work) () (home) ()

Facsimile No.: () Mobile No. :

Email Address: Website:

Qualifications:

Present field of work:

Years of experience as a health professional: with hypnotherapy..... CBT FPS

Previous use of or training in hypnosis, relaxation or meditation:

My aim(s) in attending this course:

Interests / Hobbies:

Psychologists: I am a full associate non-member of the APS

Social Workers: I am a member of the AASW/ACSW

Occupational Therapists: I am a member of the AAOT/OT Australia

Nurses & Midwives: I am a member of the ACMHN ACN APNA ACM

Medical Practitioners: I am a vocationally registered GP I have level 1 level 2 training

I am a member / fellow of the RACGP number Provider No.....

I am a member / fellow of the ACCRM number Provider No.....

Other professionals: I am a member / fellow of

NB Check with us for course vacancy.

Please complete the following page...

Z:\Medclinic58\C.M.H\2020\Application form for Website -MHModule p1.2024.doc CMH© 12/14, 02/16, 01/18, 01/19, 01/20, 01/23

Email: info@mindperformance.com Website: www.mindperformance.com

Suites 1 & 2 / 1 A Ashley Lane, Westmead NSW 2145 AUSTRALIA

Ph: (02) 9688 2300 Fax: (02) 9688 2800 International: Ph: 0061 2 9688 2300 Fax: 0061 2 9688 2800

NB CHECK COURSE AVAILABILITY BEFORE MAKING PAYMENT.

Please enrol me in the following **One Day Module or Single Module:**

Module Venue:Module Dates:

A former student recommended this Course to me: No Yes Name:

*Any special dietary requirements?.....
(please indicate preferences with a X in the box)*

I enclose a cheque / money order (Please make cheques payable to the College of Medical Hypnosis)
or credit card details or bank transfer details for

MODULE FEE - (including 10% GST)= \$440.00

For CMH graduates who have previously attended this module:.....= \$350.00

One Day Mental Health Module Attendees (not Single) must have completed previous FPS/CBT training.

I attended a previous Clinical Course in.....

I attended an Advanced Course in **OR**

I attended FPS (CBT based) training at.....

Signed: Date:

Credit Card details: (If paying by credit card)

Name as it appears on the card:

Type of Credit card: Mastercard Visa Card

Card Number: / / /

Card Expiry Date: /

Please charge my credit card with the sum of \$..... for the course fees indicated on this form.

Applicants name: (if different from name on card. Please print)

Signature: Date:

Bank Deposit/Transfer Details: St George Bank Name of Account: College of Medical Hypnosis

BSB-Bank Branch I.D.: 112 879

Account No.: 065 642 709

Swift Code: SGBLAU2S

For Deposits: **Please forward a copy of your bank deposit receipt with this application**

For Transfers: **Please ensure you include your full name on the transfer as the reference for identification**

Date of Deposit/Transfer: (please note date)

Office use only:

Applicant's name:

Banking summary completed (tick when entered)

Receipt generated

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