the college of medical hypnosis

ADVANCED MASTER APPLICATION FORM 2027

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) ( ) .....

Mobile No. : ..... Facsimile 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 ACRRM ☐ number ..... Provider No.....

Other professionals: I am a member / fellow of.....

NB Check with us for vacancy before making payment **Please complete the following page…**

Email: info@mindperformance.com Website: www.mindperformance.com
Suites 1 & 2 / 1A 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

Please enrol me in the following Advanced Master Course: *(please indicate preferences with a ✓)*

Course Venue: ..... Course Dates: .....

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

Do you have any special dietary requirements?

.....

Payment

I am: posting a cheque/money order.(Please make cheques payable to The College of Medical Hypnosis) ☐

or **supplying credit card details** ☐ *or* **depositing payment directly into the CMH account** ☐

COURSE DEPOSIT - (including 10% GST) ..... $699.00 ☐

(the balance of the course fee being due by the commencement of the course or by early bird date for discounts)

OR **TOTAL FEE for:**

(Early Bird Discounts are for full payment by Early Bird date = $200 for 10 weeks & $100 for 5 weeks)

6 day course in Sydney: includes 10% GST ..... = $2,999.00 ☐

Early bird fee for full payment 5 weeks prior to course: includes 10% GST ..... = $2,899.00 ☐

Early bird fee for full payment 10 weeks prior to course: includes10% GST ..... = $2,799.00 ☐

After this course I would like my work details noted by the CMH for referrals..... Yes ☐ No ☐

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:

Name of Account: College of Medical Hypnosis
St George Bank
BSB-Bank Branch I.D.: 112 879
Account No.: 065 642 709
Swift Code: SGBLAU2S

NB CHECK COURSE AVAILABILITY BEFORE MAKING PAYMENT.

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 ☐

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