the college of medical hypnosis

SINGLE MENTAL HEALTH MODULE OR
ONE DAY MENTAL HEALTH MODULE 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 ACCRM ☐ number ..... Provider No.....

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

NB Check with us for course vacancy. **Please complete the following page…**

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) .....= $499.00 ☐

For CMH graduates who have previously attended this module:.....= $399.00 ☐

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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