

Career Accelerators Enrolment Form



Personal Details

SURNAME:

DOB:

GIVEN NAMES:

OCCUPATIONAL FIELD:

NATIVE LANGUAGE:

RESIDENT/CITIZENSHIP STATUS:

Contact Details

ADDRESS:

TELEPHONE:

MOBILE NO.

POSTCODE:

EMAIL:

Important Information

LEARNER NEEDS: Do you have any special requirements that need to be considered in the design of your training materials and their delivery? (e.g. medical, physical, language, literacy, numeracy, learning challenges, distance, time available).

YES / NO If so, please give details on an attached sheet and contact us in good time for appropriate arrangements to be made.

RECOGNITION OF PRIOR LEARNING / CURRENT COMPETENCY: Do you intend to apply for RPL/RCC?

YES / NO If so, please give details on an attached sheet and contact us in good time for appropriate arrangements to be made.

HYPNOTHERAPY PRACTICAL TRAINING: (All information provided remains private and confidential)

Any previous Hypnosis Experience? **YES / NO** (If yes, give brief details on an attached sheet)

WHY DO YOU WANT TO ATTEND THIS TRAINING?

Are you prepared to be hypnotised by your trainer and/or by your fellow students in a supervised setting? **YES / NO**

Do you have a known mental illnesses or have you been diagnosed with epilepsy? **YES / NO**
(If yes, give brief details on an attached sheet).

DECLARATION: *I understand that upon completion of my Hypnosis Training, I will have acquired the skills which will enable me to induce the state of Hypnosis in certain other people. I also understand that Career Accelerators in no way approves or condones the use of Hypnosis for any purpose other than as a therapeutic skill to assist in the physical and emotional healing of others.*

I certify the information herein is complete and accurate. **SIGNATURE:**

DATE:

Please enroll me in

- 5-Day Practitioner Training \$2,250.00
- Early Bird Offer** \$1,995.00
- Certificate IV in Clinical Hypnotherapy (30904QLD)
- Diploma of Clinical Hypnotherapy (30905QLD)
- Send me more information of the Certificate IV and Diploma*

Payment details



Please make all monies payable to *Career Accelerators*

I ENCLOSE FULL PAYMENT

AMOUNT \$

I ENCLOSE A DEPOSIT

I agree to pay the balance by monthly installments of:

DEPOSIT AMOUNT \$

INSTALLMENT AMOUNT \$

Installments to Commence: / /

Installments to End: / /

Credit card details

PLEASE DEBIT MY:

VISA

BANKCARD

MASTERCARD

Card Number:

Expiry Date

Name on Credit Card (Please Print)

SIGNATURE

DATE:

Automatically debit my bankcard

Conditions of Enrolment

The Career Guide and Student Handbook contain detailed course information and terms and conditions covering enrolments with Career Accelerators. Completion of and signature on this form indicates the enrollee's sighting of the Career Guide and Student Handbook and their understanding of and agreement to the terms and conditions.

If you require a language, literacy and numeracy assessment, please contact *Career Accelerators* for further details.

Every attempt is made to ensure that information from Career Accelerators is accurate and that the student has attained the competencies taught in a course, at the point of their assessment. Beyond this point, the graduate is responsible to maintain currency in their acquired competencies relating to their studies. This releases Career Accelerators and its staff from any liability, action and claims of whatever nature, whether directions given during the course(s) are followed or not.

Disclaimer: Courses, course notes and materials are not to be sold, loaned copied, or used in anyway outside of the pursuit of studying the course by the person who is enrolled in the course; unless permission is sought and granted in writing by the CEO

Career Accelerators

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