



Enrolment / Application

Personal Information

Full Name: Last First Initial
Address: Street Address City State Post Code
Home Phone: () Alternate Phone: ()
E-mail Address:

Age: STUDENT NUMBER: (OFFICE USE ONLY)
Occupation:
Workplace: Business Hrs Phone: ()

Previous Experience / Professional Training

Education:
Personal Referee: Phone:
Professional Referee: Phone:
Clinical Hypnosis Training? yes/no If yes, where and when?

Emergency Contact Information

Full Name: Last First
Address: Street Address City State Post Code
Primary Phone: () Alternate Phone: ()
Relationship:

Course Enrolment Information

I wish to enrol in:

Name of Course as it appears in prospectus

Full Fee

I choose to pay (please tick, as applicable) UP-FRONT or MODULE-BY-MODULE

If you have concerns about the suitability of the Course materials to meet your needs, we suggest you enrol and pay Module-by-Module.

AMOUNT ENCLOSED: _____

PLEASE READ THIS CAREFULLY

I understand that purchase of a Course from David Kennedy School of Hypnosis (DK School) does not guarantee the Course award (ie, Diploma).

I understand that graduation and award will only occur after successful completion of all assignments and exams, as indicated in the Course Notes.

I understand that unless otherwise indicated, all training is by Distance Education, and workshops are *optional and supplementary* to the Course.

I understand that it is my responsibility to notify the DK School if I am unable to complete assignments and study within the time period I have arranged.

I understand that a refund is only applicable if I am enrolled in an Attendance-Only Course and I give 7 days notice, or if the Course is cancelled or postponed by the DK School, in which case monies paid will be refunded or transferred to another Course as directed by me.

(NB: This in no way infringes on your normal rights as a consumer.)

I have read and understand the conditions above.

Name:

Signed:

Date: