



CAREER ACCELERATORS

Clinical Hypnotherapy

ENROLMENT FORM



Surname: Mr/Mrs/Miss Gender M/F..... Date of Birth: / /

Given Names:.....

Address: Post Code:.....

Telephone No:..... E-Mail:

Mobile No:..... Fax No:

What is your Occupational Field? What is your native language?

Where did you see us advertised?..... What is your Citizenship or resident status?.....

Learner Needs. Do you have any special requirements that need to be considered in the design of your training materials and their delivery? (eg. medical, physical, language, literacy, numeracy, learning challenges, distance, time available)
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 RPL/RCC. Do you intend to apply for RPL/RCC?
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?

Do you have a known mental illnesses? 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 the The Aromatherapy College of Australia, 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 enrol me in one or more of the following:

COURSE: CERTIFICATE IV IN CLINICAL HYPNOTHERAPY **COURSE CODE:** 30542QLD

COURSE: DIPLOMA OF CLINICAL HYPNOTHERAPY **COURSE CODE:** 30541QLD

COURSE ELECTIVES (See over page) or **INDIVIDUAL UNITS (Please List below)**

| | COST |
|--------------------------------|---------|
| <input type="checkbox"/> | \$..... |
| <input type="checkbox"/> | \$..... |
| <input type="checkbox"/> | \$..... |

PRACTICAL TRAINING COMPONENT (This can be studied first, with a pathway to the higher qualifications)

5 DAY Practitioner Training \$2,000

9 DAY Advanced Practitioner Training for Diploma of Clinical Hypnotherapy \$4,000

4 DAY Advanced Practitioner Training for Diploma of Clinical Hypnotherapy \$2,000

(if already completed Certificate IV 5 Day Practitioner Training)

Please enrol me in one or more of the following:

ACCREDITED ELECTIVE QUALIFICATIONS FROM CERT IV & DIPLOMA OF CLINICAL HYPNOTHERAPY

Please select the Electives you require:

| <input type="checkbox"/> | Unit | Title | Hours | Cost |
|--------------------------|------------|---|-------|--------|
| <input type="checkbox"/> | HLTCOM3A | Manage a Practice | 60 | \$ 395 |
| <input type="checkbox"/> | LIFMAG1A | Identify and Develop Personal Magnetism | 60 | \$ 295 |
| <input type="checkbox"/> | LIFCOA5A | Evaluate and Enhance Self-Esteem | 40 | \$ 395 |
| <input type="checkbox"/> | LIFCOA6A | Practice Mind/Body Control Techniques for Managing Stress | 40 | \$ 395 |
| <input type="checkbox"/> | LIFCOA7A | Apply NLP Techniques | 40 | \$ 395 |
| <input type="checkbox"/> | LIFMIN2A | Provide Aromatherapeutic Treatment for Sleep | 40 | \$ 395 |
| <input type="checkbox"/> | BSBFLM503B | Manage Effective Workplace Relationships | 50 | \$ 395 |



PAYMENT DETAILS

PLEASE MAKE ALL MONIES PAYABLE TO Aromatherapy College of Australia, Career Accelerators

I Enclose Full Payment of \$..... **OR** I Choose the Payment Plan and I Enclose Deposit of \$.....

And I promise to pay the balance by monthly instalments of \$ Commencing: / / ending / /

Payment by Credit Card:

Please Debit my Bankcard Visa Mastercard

Card Number..... Expiry Date / / Signature..... Date / /

Name on credit Card (please Print).....

Automatically Direct Debit my credit card Yes No

(Please see below for conditions of enrolment)

**Send your enrolments to Career Accelerators, C/- Aromatherapy College of Australia, Suite 3, 16-36 Nile St.
WOOLLOONGABBA. QLD 4102.
PH 07 3217 3560 FAX 07 3392 2400
Email: cad@acoa.com.au**

Conditions of Enrolment

The Career Guide contains detailed course information and terms and conditions covering enrolments with A.C.O.A. Completion of and signature on this form indicates the enrollee's sighting of the Career Guide and their understanding of and agreement to the terms and conditions.

The enrollee will submit to a Learner Needs Analysis during course induction, which may impact on their training program design and fees.

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 principal.

Disclaimer: Every attempt is made to ensure that information from the college 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 the college and its staff from any liability, action and claims of whatever nature, whether directions given during the course(s) are followed or not.