



Full Application Form – HS Accredited Training Course Recognition

Name of Training Provider: _____

Title of training course* _____

Please specify **Ofqual Awarding Body** *(If course has an academic "Level" as part of the title) _____

**Course leader/Director: _____

*(**The Course leader /Director is required to be an individual registrant of the NCS)*

Names of all Registered Company Directors: _____

Training Provider address: _____

_____ Post Code: _____

Contact telephone no: _____

Contact email address: _____

Training Provider Website: _____

No. of Years course has been running: *(at least one cohort must have been fully completed for an application to be considered)* _____

Number of Cohorts who have successfully completed the course to date: _____

Location(s) at which this course is run: _____

How/Where did you hear about the HS: _____

HS requirement/question	Training Provider Response
Please confirm that this course offers full/core hypnotherapy training	
Is your course approved/accredited/recognised with another professional organisation and/or academic awarding body (ie: ABC, AIMS, CPCAB etc) ?	<input type="checkbox"/> Yes - <i>please provide further details:</i> <input type="checkbox"/> No
Has the course you are applying for ever had accreditation, approval or recognition revoked, removed or declined?	<input type="checkbox"/> Yes - <i>please send full details along with your application</i> <input type="checkbox"/> No
Does your course lead to academic validation by a University?	<input type="checkbox"/> Yes - <i>please provide further details:</i> <input type="checkbox"/> No
If your course is not validated by another professional organisation, or does not lead to academic validation by a University, does it have formal learning outcomes and assessment criteria?	<input type="checkbox"/> Yes - <i>please provide further details:</i> <input type="checkbox"/> No
Please tell us about your ethos, curriculum, management and staffing structure	
Tell us how long your course lasts for and whether it is full time or part time.	
Please confirm the total number of hours students spend in classroom tutorials.	
Please give full details of all the other assessed study hours undertaken and methods of assessment used for these (e.g. experiential learning, skills practice, case study work, essays etc...	
<i>Should the course delivery be affected by any Government restrictions please provide details of how you will manage the transitions between "In The Room" and "Online working".</i>	

Please confirm that your organisation has the following (<i>please circle your answer</i>) and provide copies of these as part of the assessment	<ul style="list-style-type: none"> ○ Complaints Policy (<i>including ICR*</i>) Yes No ○ Ethical Framework Yes No ○ Equality and Diversity Policy Yes No
Please provide details about your training facilities (<i>incl. rooms available for practical work, online platforms if applicable etc</i>)	
Is there anything else you would like to tell us about your training course that could support your application?	

The Society uses this next section of the form to examine your materials in more depth. Please confirm that your course contains the following elements. Please supply **electronic copies** of supporting documents and **signpost** the documents to which you are referring, including page numbers and other appropriate references. Links to material available on your website will also be useful.

Please clearly signpost in the Evidence column where evidence can be found to support the standard required.

Standard	Evidence
COURSE QUALITY Please evidence how your training programme incorporates and ensures:	
Respect for the client's autonomy, cultural differences and rights.	
Trainees' awareness of the limits of their level of competence and the vulnerability of the client.	
Trainees' awareness of the importance of personal development and the protection of students' and tutors' rights to free speech.	
Trainees' understanding of how to maintain professional boundaries	
Trainees' understanding of professional supervision	
The use of an Ethical Code of Practice or Framework and skills in ethical decision making	
Information about 'marketing a service' in line with the current guidance provided by ASA/CAP https://www.asa.org.uk/advice-online/health-hypnotherapy.html ; and evidence that students understand this guidance and that they are responsible for checking this guidance regularly for any updates.	

Clear guidelines as to when a practitioner is considered adequate to practice hypnotherapy	
Structured experiences and regular opportunities for observation, practice, feedback (from staff and fellow students), discussion and review.	
Opportunities to practice those skills being identified and developed from the models being taught, so that students can describe, analyse and utilise them.	
COHERENCE AND COHESION	
Please provide evidence of:	
Duration (<i>years, days</i>)	
Total study hours (<i>including guided learning</i>)	
Learning outcomes published and available to evidence: (Please refer the HS Training standards (Training standards for MHS ; Training standards for MHS Accred to support the information required:))	
<ul style="list-style-type: none"> • CNH23 — Provide Hypnotherapy to Clients This standard covers hypnotherapy for individuals. Users of this standard will need to ensure that practice reflects up to date information and policies. • CNH1 — Learning Outcomes Explore and establish the client's needs for complementary and natural healthcare. • CNH2 — Develop and agree plans for complementary and natural healthcare with clients 	
How integration of trainees' theoretical knowledge, personal development and practical experience is ensured	
TEACHING, LEARNING AND CONTACT HOURS	
Please provide evidence of:	

List names of all teaching staff including their role(s) – (Please note up to date cv's are required)	
Number of tutor/student contact hours	
A detailed set book list that is appropriate to the course	
ASSESSMENT	
Please provide evidence of:	
A progressive monitoring and assessment of <ul style="list-style-type: none"> Theoretical and skills development 	
Published assessment criteria for coursework that includes a minimum of 3 case studies: <ul style="list-style-type: none"> one as a single session the others to have at least two sessions Each using the following presentation guide: <ol style="list-style-type: none"> Summary of intake Initial treatment plan and rationale for selection Summary of treatment, outcomes, observations Rationale for any adjustments to treatment plan Learnings (for student) from undertaking work Any identified areas for development 	
Adequate and appropriate methods of assessment <ul style="list-style-type: none"> by the tutor a sample of the overall submissions, including practical application of skills being additionally assessed by an independent assessor who is occupationally competent as a hypnotherapist (<i>two are recommended</i>) 	
Procedures for student suspension and additional support.	

Philosophy of training Please provide:	
Overall statement of approach and ethos of the programme	

Evidence Checklist - Please submit the following documents via **We Transfer*** to support your application:

<input type="checkbox"/> Course leader/Director is an or applying to be an individual member of the HS. HS Membership No: _____
<input type="checkbox"/> Copy of policies and procedures (eg. admission policies, fees, assessments, appeals and complaints)
<input type="checkbox"/> Examples of promotional/marketing materials (eg. prospectus, flyers, website links etc.)
<input type="checkbox"/> Copy of full course content and materials distributed to students – (these must be clearly labelled and submitted in lesson/module order)
<input type="checkbox"/> Copy of Reading list/s
<input type="checkbox"/> Independent Assessor/External Examiner’s (EE) CV/details and most recent EE report
<input type="checkbox"/> All Tutor and Internal Verifiers up to date cv’s (clearly showing qualifications and dates obtained)
<input type="checkbox"/> Examples of assessment methods (if applicable)
<input type="checkbox"/> Copy of certificates awarded
<input type="checkbox"/> Signed copy of the Society Terms and Conditions
<input type="checkbox"/> Copy of current Public Liability and/or Professional Indemnity Insurance certificate (detailing the provision of training is covered)
<input type="checkbox"/> Signed Standing Order Mandate OR If Invoice required, please provide the following information: Your PO Number: _____ Name/Dept for invoice: _____ Email Address for invoice: _____

Communication Preferences

I confirm that I wish to receive the following information from the Society via email:

- e-newsletters and updates
 Membership Surveys

Declaration:

We certify the information listed on this application form (and any evidence required) is, to the best of our knowledge, truthful. We have read and declared all pertinent issues.

Should our course receive approval by the National Hypnotherapy Society, we agree to abide by the constitution and rules of the National Hypnotherapy Society at the time in force and accept that membership/course recognition is at the sole discretion of the Society.

Signed: _____

Dated: ____/____/_____

Assessment will commence following receipt of payment and ALL requested evidence and documentation as per the checklist above.

*If you are unable to submit your application via We Transfer please contact us for assistance – standards@nationalhypnotherapysociety.org.