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| Personal details |

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| Scholarship Application FormNote to Candidates; Please do not be discouraged from applying if your education or training is limited. The information requested is for guidance purposes. |

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| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
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|  |  |
| --- | --- |
| Postcode: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Telephone No.  |  | Daytime Contact No. |  |

|  |  |
| --- | --- |
| E-mail address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you free to remain and take up employment in the UK? | Yes | [ ]  | No | [ ]  |
| You will be required to provide appropriate documentary evidence of this at interview. |

**Financial Information- Please provide details of your status (low income/Benefits or both)**

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| Health/Mental Health |
| Please provide details below of any health/mental health or access issues that may impact on you throughout the course; (your rights are protected under the Equalities Act 2010) |
|  |

**2. Education/Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| School (11+)  | Study Dates | Qualification and Grade | Date Obtained |
|  |  |  |  |
| College/University | Study Dates | Qualification and Grade | Date Obtained |
|  |  |  |  |

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| **Training and Development**Please use the space below to give details of any training or non-qualification based development, which is relevant and supports your application. |

|  |  |
| --- | --- |
| Training Course(s) | Course Details (Including length of course/nature of training)  |
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**3. References**

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| Please give the names and addresses of two people to whom we might request a reference (if applicable). If you are unable to do this, please clearly outline who your referees are. |

 **Reference 1 Reference 2**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: Relationship to youAddress: Contact No: Email: Do you wish to be consulted before this referee is approached:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

 | Name: Relationship to youAddress: Contact No: Email: Do you wish to be consulted before this referee is Approached:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

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**Declaration**

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| **Statement to be Signed by the Applicant** Please complete the following declaration and sign it in the appropriate place below. ***I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of a scholarship may be withdrawn.***  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | **Date:** |  |
|  |
| If you return this form by email, you will be asked to sign your application at interview |

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**Supporting Statement**

Why do you wish to by a Hypnotherapist and what you think you can bring to the profession? ***Include reference to the following; Why you wish to train as a hypnotherapist, what the benefit will be to your community, how your life and the lives of others may be enriched through your training and practice. What, if any, specialism you wish to pursue.***

Attached you will find chapter 22 from **Clinical Hypnosis Textbook, A Guide for Practical Intervention (Third Edition) By Professor Ursula James.** Please read, reflect and summarise the information and state why Cognitive Behavioural Hypnotherapy is the most effective approach.