





Accredited by the National Regulatory Register for Hypnotherapy

## Personal Details

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_ Phone \_\_\_\_\_

Date of birth \_\_\_\_\_

Relevant course(s) undertaken \_\_\_\_\_

Qualification(s) gained \_\_\_\_\_

Please list your current memberships of any other relevant organisation(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present/previous occupation \_\_\_\_\_

**As a Member of the Organisation, I agree to abide by its rules as laid down in the Constitution and Code of Conduct & Ethics, and conform to those methods of treatments recognised by the OCH.**

I enclose: -

a copy of training/CPD certificate(s)

a copy of my examination certificate(s)

proof of membership to a recognised professional hypnotherapy organisation  
(HS/HA/GHR)

my completed Bank Mandate

(NB: This will only be used if your application is successful.)

Signed \_\_\_\_\_ Dated \_\_\_\_\_

As membership of any professional hypnotherapy organisation involves holding appropriate professional indemnity insurance, signing this form confirms that you are covered by a valid, current policy.

**gHsc**

**MEMBER**

General Hypnotherapy  
Standards Council

**The Organisation for Curative Hypnotherapists**

PO Box 9121, Market Harborough, LE16 0EZ

✉ [enquiries@orgch.co.uk](mailto:enquiries@orgch.co.uk) / [www.orgch.co.uk](http://www.orgch.co.uk)



## Bank Standing Order Mandate

BLOCK CAPITALS PLEASE

To \_\_\_\_\_ **Bank** (your bank)

Address \_\_\_\_\_

Please debit my Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_

Account Name \_\_\_\_\_

Amount £ 25.00 Amount in words Twenty five pounds only

On receipt of this Order and then ANUALLY until cancelled by me

*For Official Use Only Ref:*

and credit Account Number 21673629 Sort Code 40-32-04

Account Name The Organisation for Curative Hypnotherapists

Bank Address HSBC 15 High Street, Market Harborough, Leics. LE16 7NN

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name (inc title) \_\_\_\_\_ Tel No \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Please return your completed Bank Mandate to :

The OCH  
PO Box 9121  
Market Harborough  
LE16 0EZ

