



Twin Lakes College of the Healing Arts

State Licensed Vocational School of Massage Therapy, Hypnotherapy, Aromatherapy and Doula

Hypnotherapy Program Application Form

Fall Winter Spring Summer 20__

Student ID Photo \$50 non-refundable application fee

Personal Information:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone #: (home) _____ (work) _____

Email Address: _____

Place of Birth: _____ Country: _____

Date of Birth: _____

Driver's License # _____

Would you like to join the TLC email list to receive information and promotional coupons? yes no

Emergency Contact Information:

Name of Contact: _____ Relationship _____

Phone #:(day) _____ (evening) _____

Financial Information:

Are you employed? yes no Occupation: _____ Hrs/week _____

When do you work? Daytime Evening Night Weekends

Employer: _____ Phone #: _____

Address: _____

If accepted, how would you finance your tuition? Self Loan Family Other: _____



Education:

Please tell us about your academic education (degrees, majors, etc.): _____

Are you a licensed or certified professional? yes no If yes, please explain _____

Do you have any experience in any health care field? _____

Personal Growth Experience:

Have you received professional Hypnotherapy? yes no

What experiences have contributed to your personal growth in recent years? _____

Educational and Personal Goals:

What are your professional plans for using your hypnosis training? _____

What motivated you to choose Twin Lakes College of the Healing Arts? _____

As you learn hypnotic techniques in this program, students will be practicing with personal material. Physical, emotional and spiritual self care is very important during this time. Please describe your practice of self care:

