



# 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:

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

