

Enrolment Form NLP Highland – Course Name

(please note Diploma, Practitioner and Master Practitioner have a separate form, if it's not apparent on the site, please email us for that form – thank you)

Date(s).....

Name Date of Birth

Address

.....Postcode

Tel. No. home

Mobile no.

Email address

Person we can contact in case of an emergency

.....Relation to you

Their tel. no.

GP contact details

Name

Phone no.

Anything we need to be aware of: e.g. medical condition, allergy, special diet?

.....
.....

By signing below, I confirm that have not in the past 5 years have been treated for, and am not currently undergoing any treatment for any psychological disorders.

Signed in agreement

Please also print name Date

Please return to the address below.