



European Society of Hypnosis

In Psychotherapy and Medicine

Please specify:
ADJUNCT / MODALITY
(for definitions see Page 3)

Application for the European Certificate of Hypnosis (ECH)

(Please PRINT clearly or TYPE – illegible entries will be returned)

Full Name (Prof / Dr / Mr / Mrs / Miss / Ms)			
Full Postal Address			
Country		Postcode	
Telephone and Fax Number			
Mobile or Cell Number			
E-mail Address			
May we use your email address for correspondence?	Yes	No	
Professional Qualifications			
Present Job / Speciality / Practice			
Name of Constituent Society			
Year of Joining			
Have you paid your Society's Membership fees?	Yes	No	Date:
I confirm that I have completed the full training programme approved by CEPE	Yes	No	Date of completion:
Signature of Senior Member / Chair of Training Committee of the National Society endorsing Application and Society Stamp	(Signature)		(Society Stamp)

Please send the completed Application Form and a non-refundable fee of 100 Euros or 80 GBP made payable to the European Society of Hypnosis to ESH Central Office, Inspiration House, Redbrook Grove, Sheffield, S20 6RR, UK

Should you wish to make payment by PayPal or direct Bank Transfer, please email ESH Central Office on mail@esh-hypnosis.eu

ESH Central Office, Inspiration House, Redbrook Grove, Sheffield, S20 6RR, UK

Telephone: +44 (0) 843 523 5547
 E-mail: mail@esh-hypnosis.eu

ECH Adjunct
ESHCO/0113

Fax: +44 (0) 114 247 4392
 Website: esh-hypnosis.eu

Hypnosis Training details: Course Modules / Core Subjects / Themes and any Additional Training.
This section must be fully completed. Please continue on separate sheet if more space is required.

Course	Context	Duration	Date	Organisation / Society
<i>Example:</i> 'Course Title'	<i>Hypnotic Language</i> <i>Formation of Treatment Strategy</i> <i>Ego State Therapy (SARI Model)</i>	<i>14 Hours</i>	<i>23/24</i> <i>April 2009</i>	<i>MEG</i>

Please provide details of all relevant experience in hypnosis / hypnotherapy other than the above courses, in support of this Application (i.e. other courses, workshops, teaching, other qualifications in hypnosis, total period of practice in clinical hypnosis, special interests, publications, description of present practice, **along with copies of relevant Certificates**). Please continue on separate sheet if additional space required.

The ECH is valid for three years and is contingent upon continuing professional development (CPD). Holders of the ECH will be required to provide a verifiable record of CPD, which CEPE has set at 60 hours over three years.

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Continuation Sheet

Full Name (Prof / Dr / Mr / Mrs / Miss / Ms)	
E-mail address	

Definitions:

Adjunctive – Minimum 200 hours training. The use of hypnosis as support to an existing skill set.

For example: use by Physicians, Surgeons, Psychologist, Professions Allied to Medicine, and Psychotherapists trained in a recognised modality other than Hypnosis-Psychotherapy.

Modality – Minimum 2,000 hours training. The use of hypnosis within a comprehensive psychotherapeutic modality based on the therapeutic use of trance and suggestions integrating depth-psychological, behavioural, systemic and solution-oriented approaches.

For example: use in hypnosis-psychotherapy. Typically, this will apply to Countries where psychotherapy in general and hypnosis-psychotherapy in particular are legal entities with prescribed training criteria.