

# The GHR is the Registering Agency for the General Hypnotherapy Standards Council



## Registration Form

**BLOCK CAPITALS PLEASE**

Title and Full Name ..... Date of Birth .....

Address for Correspondence .....

.....

..... Post Code .....

Home Tel No. .... Practice Tel No/s .....

Personal Email .....

Practice Email .....

Website .....

Language/s (other than English) in which you are competent to offer therapy .....

.....

**Practice Locations** (*Maximum of four. Enter the **County** followed by **Main Town/City**. For **London**, enter specific areas, e.g. **Balham**)*

1<sup>st</sup> Area .....

2<sup>nd</sup> Area .....

3<sup>rd</sup> Area .....

4<sup>th</sup> Area .....

I herewith declare that the above information and all material enclosed with this application is correct. I confirm that no disciplinary action is pending or has ever been sustained against me by any professional body. I further confirm that I have never been convicted of a criminal offence and that no criminal prosecution is pending. **(N.B. If you are unable to confirm either of the foregoing sentences, please provide full, written details.)** I understand that continued registration beyond each annual renewal date is strictly by invitation of the GHR and also dependent upon my compliance with whatever criteria are in place at that time. I agree to adhere to the *GHR Code of Ethics*. I understand that acceptance of my application and any grade awarded is entirely at the discretion of the Registrar. I understand that in the event my application should be declined, I will be entitled to the return of any Annual Registration fee and Specially Printed Display Certificate fee sent at that time. I understand and accept that failure to maintain adequate **Professional Indemnity & Public Liability Insurance** (minimum indemnity - £1,000,000) throughout any period of registration with the GHR will nullify that registration. I understand that the period of registration for subscriptions is 12 calendar months and that I am not entitled to a refund if I voluntarily cancel my registration at any time during such period. I understand that intended cancellation of annual registration fees set up via Standing Order Mandate must be notified to the GHR in writing (and relevant acknowledgement sought) at least one month prior to my due renewal date and that failure to cancel any such Mandate is entirely my responsibility and will not constitute grounds for a refund. **(Please delete the following sentence if you do not agree)** - I agree that my PRACTICE contact details may be made accessible to members of the public, both in printed format and on the GHR Website. **(N.B. Home address details are never made accessible to the public.)**

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**Continue to Administration & Registration Fees >>>**

**ADMINISTRATION & REGISTRATION FEES (Select ONE option only) (Please tick all relevant boxes)****OPTION 1 (Discounted rate allowed for annual registration fees paid by Standing Order Mandate)**

I enclose completed STANDING ORDER (see Page 4 below) for the discounted Annual Registration Fee of £80.00   
**together with**

either i) a CHEQUE / POSTAL ORDER for the one-off \*Administration Fee in the amount of £25.00

or ii) a BACS payment (see Option 3 below for bank details) for the one off \*Administration Fee of £25.00

**OR****OPTION 2**

I enclose a CHEQUE / POSTAL ORDER for the standard Annual Registration Fee (£90.00)  
**plus** the one-off \*Administration Fee (£25.00) in the total amount of £115.00

**OR****OPTION 3**

I have paid for the standard Annual Registration (£90.00) **plus** the one-off  
 \*Administration Fee (£25.00) by DIRECT BANK TRANSFER / BACS in the total amount of £115.00

Bank: Lloyds

Sort Code: 30-95-32

Account Name: General Hypnotherapy Register

Account Number: 01373592

Please be sure to attach your full name as a reference in order that we may appropriately attribute the incoming payment to you from our bank statements, and advise us by email to [admin@general-hypnotherapy-register.com](mailto:admin@general-hypnotherapy-register.com) once payment has been made.

**INSURANCE**

With regard to the MANDATORY *Professional Indemnity Insurance* requirements:

- i) I have enclosed a copy of my current provision
- ii) I would like to receive information on the Schemes available through the GHR's Brokers

**OPTIONAL ITEMS**

- 1) I would like a SPECIALLY PRINTED DISPLAY CERTIFICATE (see 'Notes for Guidance')  
 and enclose a CHEQUE / POSTAL ORDER in the amount of £15.00

**OR**

I have included the £15 fee with my DIRECT BANK TRANSFER / BACS payment

- 2) I would like to receive information on extending my Standard Profile entry within the GHR Website  
 to an **ENHANCED PROFILE**. To view a mock up example of an Enhanced Profile, click below link:  
<http://www.general-hypnotherapy-register.com/your-name/>

(N.B. All registrants awarded Practitioner status or above are given a free Standard Profile entry)

- 3) I would like my contact details forwarded to the Complementary & Natural Healthcare Council  
 (the voluntary regulatory agency for complementary medicine set up with DoH funding)   
 Visit: <http://www.cnhc.org.uk/>

**Continue to Referees and Signature >>>**

## REFEREES

Applicants must also provide the names and contact details for two independent referees, who we reserve the right to contact. These should be people of at least majority age but who are not related to you (or to each other), have had no involvement in your hypnotherapy training and who have known you for at least two years. Referees may be known to the applicant either professionally or socially but must know the applicant well enough to make a judgement as to the applicant's integrity, trustworthiness and honesty.

### Referee 1

Full Name: .....

Occupation: .....

Telephone Number and/or Email address: .....

In what capacity is the Referee known to you and for how long: .....

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### Referee 2

Full Name: .....

Occupation: .....

Telephone Number and/or Email address: .....

In what capacity is the Referee known to you and for how long: .....

.....

*(Please tick ALL boxes)*

Copies of appropriate documentation (*i.e.* Diplomas / Training Certificates etc.) must accompany ALL applications for Registration

i) I have enclosed copies of Supporting Documentation relevant to my application

Please refer to '*Notes for Guidance*' (see page 5 below)

ii) I confirm my acceptance of the minimum Supervision requirements (*where applicable*)

iii) I confirm my acceptance of the minimum Continuing Professional Development requirements

**Signature** ..... **Date** .....

**Please make all cheques/postal orders payable to: 'GHR'**

**All Applications should be returned to:**

**The General Hypnotherapy Register PO Box 204 LYMINGTON SO41 6WP**

\*The £25 Administration Fee is non-refundable and is collected by the GHR acting as an agent on behalf of Therapy Administration Services (TAS)

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**Continue to Standing Order Mandate (if required) >>>**

# The General Hypnotherapy Register

## Bank Standing Order Mandate

(Do **NOT** use this Mandate if paying your annual subscription by Cheque or Direct Bank Transfer / BACS)

ACCOUNT IN THE NAME OF: \_\_\_\_\_

YOUR ACCOUNT NUMBER : \_\_\_\_\_ YOUR BRANCH SORT CODE: \_\_\_\_\_

YOUR BANK OR BUILDING SOCIETY NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

**PLEASE CREDIT:** The General Hypnotherapy Register

Account Number: **01373592** Bank: **Lloyds (Lymington Branch)** Sort Code: **30-95-32**

The sum of: **£80.00 (EIGHTY POUNDS)** on receipt of this Order and then **ANNUALLY** until cancelled by me

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUR FULL NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

*Please return your completed Form to:*

**The General Hypnotherapy Register  
PO BOX 204 Lymington SO41 6WP**

## NOTES FOR GUIDANCE

### SUPPORTING DOCUMENTATION

It is vital that the GHR maintains as complete a record as possible with regard to Registrants' relevant training and experience within the field. **Consequently, copies of appropriate documentation must accompany all applications for Registration** (i.e. Diplomas / Training Certificates etc.).

**N.B.** We reserve the right to personally contact applicants for the purpose of discussing their application prior to possible acceptance.

### PROFESSIONAL INDEMNITY INSURANCE

**Professional Indemnity & Public Liability Insurance** is mandatory for Registration within the GHR. Although the GHR enjoys access to a choice of four particularly attractive and cost-effective Block Schemes, participation is not obligatory provided Registrants are suitably insured elsewhere. **Applicants with current insurance must include copies of appropriate documentation with any application for Registration. Applicants without suitable provision should tick the relevant box on the Registration Form indicating that they would like to receive information on the schemes available through the GHR's Brokers.**

### SUPERVISION (*Newly qualified Practitioners only*)

Newly qualified Practitioners are expected to engage in this beneficial process for **a minimum of 2 hours in any 3 month period during their first 2 years of practice after qualification. (Thereafter, although ongoing Supervision is encouraged, it becomes a voluntary process)**. Supervision may be conducted via 'one-to-one', a 'peer support group' or a **telephone / e-mail** arrangement where circumstance dictates. Whichever method is employed, **Registrants are advised to maintain a personal log of all such activity** as they may be asked to provide suitable evidence of the previous 12 months Supervision at the time of their annual re-registration. **Current locations of both One to One Supervisors and local Peer Support Groups are available on the GHR website** but any Registrant experiencing difficulty in making suitable Supervision arrangements may contact the GHR head office for assistance.

**N.B.** Registrants who undertake Supervision as a condition of their membership of other healthcare professions may apply to have this taken into account, providing that it is compatible with and relevant to the practise of Hypnotherapy.

### CONTINUING PROFESSIONAL DEVELOPMENT (CPD) (*All Practitioners*)

**CPD** is considered to be important for practising Hypnotherapists in order that they may keep abreast of new developments and techniques within the field. Registrants are expected to participate in relevant CPD activity for a **minimum of 25 hours annually whilst registered with the GHR**. The GHR's definition of CPD includes **appropriate reading, Internet research or personal attendance at relevant workshops**. Practitioners may be asked to provide suitable evidence of the previous 12 months CPD involvement at the time of their annual re-registration and to facilitate this, samples of approved, user-friendly Data Sheets are available to download from the Members' Area of the GHR website.

**N.B.** Registrants who undertake CPD as a condition of their membership of other healthcare professions may apply to have this taken into account, providing that it remains compatible with and relevant to the practise of Hypnotherapy.

### DISPLAY CERTIFICATES (*Optional Item*)

**Specially Printed Display Certificates** measure 28cms x 35cms (11ins x 14ins), are finished in raised burgundy and black ink with gold block logo on a hammered pale cream background, in portrait format and are presented unframed. Whilst they are the exclusive property of the purchaser, they only remain valid if accompanied by a **current Registration Document** (issued annually).

### THE COMPLEMENTARY & NATURAL HEALTHCARE COUNCIL (CNHC)

Every GHR practitioner registered at Practitioner status (or above) is eligible for fast track registration within the CNHC, the voluntary regulator for complementary medicine initially sponsored by the Department of Health. If you have ticked the appropriate box on the Registration Form, your name and contact email address will be automatically forwarded to them and they will subsequently contact you in order that you may consider registration with them. **Please note that there is an annual fee payable to the CNHC for registration** but that registration with them neither replaces nor conflicts with registration within the GHR. The CNHC is a Regulatory Body whose primary function is the protection of the public whereas the GHR is a Professional Body whose primary function is the provision of professional credibility and relevant services to its registered practitioners.

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***Continue to Benefits of Registration >>>***

## The Benefits of \* Full Practitioner Registration with the GHR

Affiliation with the **UK's largest Professional Association** for practising hypnotherapists

\* The acquisition of a standardised, professional award, the **General Qualification in Hypnotherapy Practice (GQHP)** or if applicable, the **Senior** version (**SQHP**)

\* A **dedicated website**, with automatic inclusion (and updates) of Registrants' **contact details, languages spoken and specialism profile**, together with active links to **their own e-mail addresses and websites** (where available). **There are no additional fees charged for multiple practice locations.**

\* Eligibility for fast track registration within the **Complementary and Natural Healthcare Council (CNHC)** – the voluntary regulator for complementary medicine set up with government funding and support

\* Automatic acceptance under an International Reciprocal Alliance into either the **Australian Hypnotherapists' Association (AHA)** or the **Association of Registered Clinical Hypnotherapists (ARCH Canada)** for those practitioners wishing to relocate to these respective countries

Fast track processing within the **Central Register of Stop Smoking Therapists (CRSST)** – a dedicated website for smoking cessation practitioners

\* Free nation-wide **Referrals Facility**

Access to a choice of discounted **Professional Insurance Schemes**

Discounted rates on **hypnotherapy books** from various suppliers

Discounted rate on the **Money Saving Discount Card** - the UK's largest discount card

Personal Healthcare Plans available from **Benenden Healthcare Society**

The distribution of regular **News E-bulletins**

The distribution of details of forthcoming **Continuing Professional Development (CPD)** courses within a regular dedicated **CPD E-bulletin**

Full access to regional information to Registrants seeking **peer group or personal supervision** arrangements

Advice with regard to obtaining **Disclosure & Barring Service (DBS) Checks**

The provision of relevant information on all aspects of the profession to **Registrants, the media and the public**

Free provision of the following user-friendly **Practitioner Tools and Forms**:

**CPD Data Sheets** for the maintenance of Continuing Professional Development records

**Patient/Client Outcome Forms** for the confidential monitoring of professional performance

**Care Aims Forms** for the confidential recording of your skills and duty of care to clients in a measurable format

**Supervision Record Forms** for the recording of your attendance with a One to One Supervisor or participation within a Peer Support Group

**Client Intake Forms** to assist you with the gathering of initial client information

**Parent / Guardian Consent Forms** for your younger clients

**GHSC GHR Information Leaflet** for your clients

Dissemination of essential information from the **Department of Health (DH)** and all other relevant Agencies

An overseeing **Standards Council** with in excess of **130 affiliated professional and training organisations**

A Head Office staffed by **full time, experienced professionals**

\* Use of both the **General Hypnotherapy Standards Council (GHSC)** and **General Hypnotherapy Register (GHR)** **permitted titles and logos**



\*Not applicable to Affiliate status