



STUDENT APPLICATION FORM

Please email the completed application form in PDF format to: Starviking.hypno@gmail.com

SHC – School of Hypnotic Practices
0422548770 | Starviking.hypno@gmail.com
www.thestarviking.com/shc-school-info
Axel Sigur Starviking
Starviking Hypnotherapy Clinic
Buff Point, NSW

NAME:

DATE OF BIRTH :

PHONE NUMBER :

MOBILE NUMBER :

EMAIL ADDRESS :

POSTAL ADDRESS :

PHYSICAL ADDRESS :

STATE/PROVINCE :

STATE/PROVINCE :

TOWN :

TOWN :

POSTAL CODE :

POSTAL CODE :

COUNTRY :

COUNTRY :

I, _____ herby apply for the Diploma in Hypnotic Practices with SHC School of Hypnotic Practices, run by Axel Sigur Starviking. I understand that this is an online course, and all lessons and practical examinations will be run via Zoom. I also understand that I will be responsible for all Self-Study and Assignment requests and will work hard to honour and uphold the SHC RWWL (Rule) which stands for Read, Write, Watch and Listen both in class and during my own self improvement studies.

I understand that in Australia Hypnosis is unregulated and I pledge to hold myself to the highest standards as a SHC Certified Therapist. I pledge to gain accreditation and insurance once I have qualified, and work to keep Hypnotic standards high in Australia.

I also pledge to honour the process of this Diploma, attending classes, completing assignments and self-studies, attending practical examinations, and ensuring that all classes are paid for in full. I understand that classes will be billed on the day of the class, and I will ensure that there is adequate funding in my account to pay for each class.

I also pledge to make use of free recommended self-guided sleep hypnosis, to work on my own personal life, with the intention of a positive and empowering life change for myself, and ultimately my clients.

Witness: _____ Name: _____ Date: _____

Student: _____ Name: _____ Date: _____