



*HypnoBirthing  
Enrolment Form*

Estimated Birth Day: \_\_\_\_\_ First or Subsequent Birth: \_\_\_\_\_

**Mother's Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Tel: \_\_\_\_\_

\_\_\_\_\_ Work Tel: \_\_\_\_\_

Post Code: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Father's Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Tel: \_\_\_\_\_

e-mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Where are you planning to have your baby? \_\_\_\_\_

How did you learn about HypnoBirthing? \_\_\_\_\_

\_\_\_\_\_

How did you learn about The HypnoBirthing Centre? \_\_\_\_\_

\_\_\_\_\_

Why have you chosen HypnoBirthing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else you think we should know \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please enrol me on the HypnoBirthing Childbirth Education Course**

**Course Dates:**

**Place:**

**Time:** 10.00am – 4.30pm

**Tuition Fee:** £295.

**Payment:** I have paid by direct bank transfer / by cheque  
(Please confirm)

**You have agreed and signed to the following agreement:**

I hereby state that the information given here is true to the best of my knowledge and that I am enrolling in the HypnoBirthing course of my own free will and with the understanding that this is a programme designed to teach me to use my own natural abilities to bring my mind and body into a state of relaxation. I further understand that the content of this course is in no way intended to represent medical advice nor is it a prescription for a medical procedure. I am aware that I should seek the advice of a medical doctor or midwife to answer any medical or health-related issues surrounding my pregnancy, labour or delivery. I, therefore, agree that I will in no way hold the instructor of the HypnoBirthing classes, or the HypnoBirthing Institute, its owner, or its representatives, responsible for any complications that could arise as a result of my pregnancy, my labour, or the delivery of my baby, and I agree that neither I nor any member of my family will make any claim or initiate any proceedings against any of the above-named parties now or at any time in the future.

**Cancellation Policy**

If a course is cancelled or postponed at short notice by the client, the practitioner reserves the right to charge a cancellation fee. The practitioner will examine each cancellation / short notice postponement on a case-by-case basis and take into account any special circumstances surrounding the request for cancellation before deciding whether to invoke the cancellation charge. She will also use her best endeavours to minimise any fee that is due. In all cases, the maximum that will be charged is as follows:

<b>Number of Days Before First Workshop Day</b>	<b>Maximum Cancellation Charge</b>
30 or more	Nil
20-29	25% of course fee
11-19	50% of course fee
10 days or less	100% of course fee

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Would you please complete this form and send it to Katharine Graves at Lilac Cottage, Fosbury, Marlborough, Wiltshire, SN8 3NJ together with your cheque for £295 made payable to The Hypnobirthing Centre Ltd. The form can also be returned by e-mail and payment made by direct transfer to: Bank: NatWest, Sort Code: 52-30-27, A/c No: 35576944, A/c Name: The Hypnobirthing Centre Ltd.  
Tel: 0845 337 9149. Email: [katharine@thehypnobirthingcentre.co.uk](mailto:katharine@thehypnobirthingcentre.co.uk)