

**Personal Details**

**Full Name** \_\_\_\_\_

**Address** (Please include your Postcode) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Postcode** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Email Address** (we will use this to contact you) \_\_\_\_\_

\_\_\_\_\_

**Telephone (daytime)** \_\_\_\_\_

**Telephone (mobile)** \_\_\_\_\_

Previous **NLP\*** Experience (if any) \_\_\_\_\_

**We ask for the following information to ensure the health, safety and wellbeing of all who attend this event, and for insurance purposes. It will be held in the strictest confidence. It is important that you read, fill in truthfully, sign and return this form to us to the address below, or by email. Thank you.**

Are you in good physical health?  Yes  No

Do you suffer from, or have you ever suffered from the following:-

Asthma or Bronchitis?  Yes  No

Clinical Depression?  Yes  No

Epilepsy?  Yes  No

Heart Condition?  Yes  No

Are you taking any prescribed medications?  Yes  No

If yes, please provide details here:-  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been treated by a Doctor for a psychiatric condition?  Yes  No

If yes, please provide details here:-  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you suffer from any physical disability or psychological condition that may prevent you from participating fully in the programme?  Yes  No

If yes, please provide details here:-  
 \_\_\_\_\_  
 \_\_\_\_\_

**Declaration**

I understand that the training I receive is for educational purposes only and is not a substitute for proper medical or psychological treatment. If I suspect or know that I am suffering from any physical or psychological ailment or condition, then I will seek appropriate medical or psychological treatment before attending the seminar.

I understand and agree that no personal audio or video recording will be permitted during the training. I understand that, in the interests of the safety, comfort and security of the group, NLP Liverpool Limited reserves the right to deny any individual access to the registration or any part of the training without prior notification or explanation.

I have read the application and declaration, truthfully completed all relevant portions and I understand and agree to all terms.

**Signature**

**Print Name**

**Date**

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**Course Details**

9<sup>th</sup> September 2010    NLP Taster Evening                      Fee £15

To help us gauge the main interests of the group before the evening, please tick those which apply

I am interested in using NLP for

- Business
- Personal Development
- Coaching
- Client Therapy

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**Payment Details**

**Please send this form and your payment (by cheque only please) to the address below, which should show through a standard window envelope.**

I enclose a cheque made payable to **NLP Liverpool Limited** for £\_\_\_\_\_

NLP Liverpool Ltd will store your information and use it for mailing and contact purposes. By returning this form you agree that we may hold and process this information. NLP Liverpool may wish to contact you by phone, post or email before or after your seminar/workshop. Please tick this box if you **do not** wish to be added to our general mailing list which lets you know which training/workshops we are offering – we promise NEVER to pass on your details, and to email you only occasionally, when we have an event to tell you about.

Seminar Registrations,  
NLP Liverpool Ltd.,  
"Clonboyne",  
The Serpentine South,  
Blundellsands,  
Liverpool  
L23 6UQ