



VALIDATED TRAINING
General Hypnotherapy Standards Council

GHSC Training Organisations

Voluntary Training Course Assessment & Validation

Notes for Guidance:

- i) The GHSC receives regular enquiries from members of the public seeking tuition in Hypnotherapy at all levels. The essential purpose of *Voluntary Assessment & Validation* is to categorise the individual courses offered by *GHSC Training Organisations* in order to clarify the process of course selection for prospective students. This is especially relevant with regard to the significant number of students who are primarily interested in self-development (i.e. rather than becoming a practitioner). Additionally, the creation of these categories will enable any School currently offering courses below “*Practitioner Level*” to progress them to this status should they so desire. It is important to note that it is not the organisation itself which is being categorised --- only the course/s offered.
- ii) A separate *Assessment Form* must be submitted for each course for which Validation is being sought. (N.B. Photocopies of the original form are acceptable).
- iii) No course may be considered for Validation unless the organisation offering it has produced a **full printed Prospectus** (i.e. either in booklet or collated leaflet form) detailing the course. **A copy of the Prospectus** (not the training manual/material itself) **must be submitted with each application**.
- iv) Although there is **NO FEE** payable for *GHSC Training Course Assessment & Validation*, participating organisations are expected to advise all *graduate students of their eligibility to apply for registration within the **General Hypnotherapy Register (GHR)**. Additionally, all participating organisations are expected to **utilise the GHR/GHSC logos within their printed material and to include an active link to the GHR/GHSC websites from their own site** (where they have one). Appropriate logos are available via email attachment on request. For its part, the GHSC undertakes **to maintain links to all such Training Organisations within the GHSC website and to actively promote them at every opportunity and to all interested enquirers**. The GHSC reserves the right to discontinue the Validation of any course where the above requirements are not met.

(*Graduates of Foundation Level courses are eligible for registration with the GHR at Affiliate Status and graduates of Practitioner Level courses are eligible for registration with the GHR at full Practitioner Status.)
- v) There are two categories:
 - *Practitioner Level*
 - *Foundation Level*
- vi) Should you have any queries in advance of application, please email the **Administration Team** at: admin@general-hypnotherapy-register.com
- vii) Please return all completed forms and Prospectuses to:

GHSC PO Box 204 LYMINGTON SO41 6WP

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1. Practitioner Level

COURSE LENGTH:

Not less than **450 hours overall**, consisting of --

- Classroom / personal tuition (N.B. This would normally need to comprise of **not less than 120 hours**)
- Adequate opportunities to both practice and demonstrate essential skills and for group interaction
- Written assignments
- Reading assignments
- Ongoing personal research/study/reading on relevant topics

PROSPECTUS:

Course prospectus to contain full information regarding contact (*i.e.* correspondence address, tel.no/s, e.mail & website, if applicable), qualification and background of course instructors, full details of course content, admissions criteria, admissions procedure and total costs

STAFF:

To be suitably experienced (*i.e.* a minimum of two years experience in practice) and to hold qualifications relevant to the field

COURSE CONTENT:

Curriculum appropriate to the course

READING:

Reading list appropriate to the course

CODE of ETHICS:

GHSC (or equivalent)

COMPLAINTS PROCEDURE:

GHSC (or equivalent)

ASSESSMENT:

By continual assessment of course work, personal and written assessment and / or examination

2. Foundation Level

COURSE LENGTH:

Not less than **200 hours overall**, consisting of --

- Classroom / personal tuition (N.B. This would normally need to comprise of **not less than 50 hours**)
- Adequate opportunities to both practice and demonstrate essential skills and for group interaction
- Written assignments
- Reading assignments
- Ongoing personal research/study/reading on relevant topics

PROSPECTUS, STAFF, COURSE CONTENT, READING, CODE of ETHICS, COMPLAINTS PROCEDURE and ASSESSMENT:
As for **Practitioner Level**

IMPORTANT

All training courses, regardless of level, must include modules on the four relevant competencies established within the **National Occupational Standards (NOS) for Hypnotherapy**. These are:

CNH1 - Explore and establish the client's needs for complementary and natural healthcare

CNH2 - Develop and agree plans for complementary and natural healthcare with clients

CH-HI - Principles of Good Practice

CNH23 - Provide Hypnotherapy to Clients

Full details of the above competencies are available from the GHR website at:

<http://www.general-hypnotherapy-register.com/NOS.htm>

Continue to Application Form



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APPLICATION for ASSESSMENT & VALIDATION

I herewith apply for **Training Course Validation** by **The General Hypnotherapy Standards Council** at:

(Please tick one box only)

Practitioner Level

Foundation Level

I have enclosed a relevant Prospectus (Please tick box)

N.B. The submission of a course Prospectus is mandatory in all cases. Please DO NOT enclose the course training material/manual at this stage

Briefly describe the approach which most closely relates to this course, e.g. "Analytical & Cognitive":

.....

I have read and understood the requirements for each of the above categories and confirm that, to the best of my belief, the Training Course entered below conforms to the requirements of the specific category applied for. I confirm that samples of any literature used in the advertising and promotion of the course and any material used in the actual training of students will be forwarded to the GHSC on request. I understand and agree that, subject to a minimum of seven days advance notification, the GHSC reserves the right to initiate an on-site course inspection, to request samples of students' work and to be permitted the opportunity to talk with students and further, that the GHSC (and its representatives) will be afforded full co-operation in all matters relevant to such inspection. I undertake to notify the GHSC of any subsequent alteration that might materially affect the designated categorisation of this training course. I accept that the GHSC reserves the right, in line with the need to maintain ongoing professionalism, and subject to a minimum of three months advance notice having been given, to alter the criteria for categorisation from time to time and to terminate the validation of any training course in the event that it should fail to maintain the standards required for its respective categorisation.

PLEASE PRINT

Title and Address of Training Organisation

.....

Post Code

Title of Course to be Assessed

The completion of this form has been authorised by

(Please print name in full)

Position held **Contact Tel.No.**

Email (for publication)

Website (for publication)

Signature **Date**

Please return completed form and course Prospectus to:
GHSC PO Box 204 LYMINGTON SO41 6WP