

Institute for Transpersonal Studies  
**Hypnotherapy / NLP Certification Training**  
with Rainya Dann, Director

**APPLICATION FORM**

**Date:**

**Name:**

**Birthdate:**

**Address:**

**Phone:**

**Cell:**

**E-Mail:**

**Best Time to Reach You:**

**Education:**

*Degree/Subject:*

*Degree/Subject:*

**Personal Growth Experience:**

*List methods of therapy, counseling, and/or spiritual practices you have used. How many months or years?*

**Special Interests and Hobbies:**

**Work: What is your current profession or work?**

**Why do you want to study Hypnotherapy? Please check all that apply:**

*A. Personal Growth: \_\_\_\_\_*

*B. As an enhancement to current career: \_\_\_\_\_*

*C. Interested in a new career as a professional hypnotherapist: \_\_\_\_\_*

**How did you find out about the training?**

**Personal Information:**

*(In order to support you in taking the training the following information is needed and is confidential.)*

Do you have any history of psychiatric treatment?

Are you currently in psychiatric treatment or receiving therapy for a psychiatric/ medical diagnosed condition?

Are you taking any medication for a psychiatric condition?

Do you have any physical limitations or disabilities?

Any special needs or concerns you have in fully participating in the training?

**Your Intentions:**

List 5 goals you intend to move towards during the training. Be as specific as possible. Have an intended completion date for each goal.

**Return this form to:**

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