



Association for  
SOLUTION FOCUSED HYPNOTHERAPY

## Application for International Registered Membership of the Association for Solution Focused Hypnotherapy

Please complete using **BLOCK CAPITALS**. See attached Guidance Notes for further details.

**1. Name:**

**2. Contact Details for administrative purposes only:**

Contact Address:

Country:

Email:

Tel:

Mobile:

\*The above are simply for administrative purposes and will not be published on the Association's website.

**3. Contact Details to appear on Association's Online Hypnotherapists Register:**

Practice Name

(leave blank if your own name):

Tel:

Mobile:

Email:

Website:

Second Website (if applicable):

Practice Address(s)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Are you a Registered Supervisor? Yes / No

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**4. Country of practice:**

**5. Membership**

Please complete sections 5.1 - 5.5. Also complete section 5.6 if you are upgrading from student to full membership or section 5.7 if you are renewing your International Registered membership or did not previously have student membership.

**5.1 - I confirm that have been awarded a diploma in Clinical Hypnotherapy and Psychotherapy (DHP) or a Diploma in Solution Focused Hypnotherapy (DSFH)**

**My diploma was awarded on (dd/mm/yy)**

**Awarded by (name of school and location)**

**Supporting documents – please see guidance notes.**

**5.2 - I intend to work with children under the age of 18 and/or vulnerable adults, and therefore have the equivalent of an enhanced DBS certificate in place** (If there is no equivalent of DBS in your area, please reply N/A) **YES / NO / N/A**

**Name of certification scheme:**

**My certificate number is:**

**My certificate was issued on (dd/mm/yy):**

**5.3 – I have professional indemnity insurance** ( If there is no professional indemnity insurance requirement in your area please reply N/A) **YES / NO / N/A**

**My professional indemnity insurance cover is provided by:**

**The policy number of my insurance is:**

**The EXPIRY date of my insurance is (dd/mm/yy):**

**5.4 I confirm that I will satisfy the Association requirements for supervision**

**My supervisor will be**

**5.5 I confirm that I will satisfy the Association requirements for continuous professional development (CPD)**

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**5.6 - I am upgrading from Student to Full International Registered membership and**  
(please tick as appropriate)

- have set up a Standing Order<sup>(1)</sup> with my bank for £10.00 (GBP) every 3 months commencing from (dd/mm/yy) .....(total 4 payments)
- have made payment of £40.00 (GBP) by bank transfer<sup>(1)</sup>
- have enclosed a cheque for £40.00 (GBP)

**5.7 - I am applying for/renewing my International Registered membership and**  
(please tick as appropriate)

- have set up a Standing Order<sup>(1)</sup> with my bank for £15.00 every 3 months commencing from (dd/mm/yy) .....
- have made payment of £60.00 (GBP) by bank transfer<sup>(1)</sup>
- have enclosed a cheque for £60.00 (GBP)

(if paying by standing order or bank transfer please use your membership number (if known) and lastname as reference)

**6. Signature**

I confirm that the above details are correct to the best of my knowledge. I understand that the AfSFH may ask my training school and/or supervisor for verification.

Name:.....

Signed:..... Date:.....

**Please send the completed form to: The Membership Secretary, The Association for Solution Focused Hypnotherapy, 79 Hucclecote Rd, Hucclecote, Gloucestershire, GL3 3TW. England.**

**<sup>(1)</sup>Association for Solution Focused Hypnotherapy bank details:**

**Account No. 27670960**  
**Account Name: The Association for Solution Focused Hypnotherapy**  
**Sort Code: 30-84-04**  
**Bank: Lloyds TSB plc, 58 Queen's Road, Bristol. BS8 1RQ**

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# Guidance Notes

## 1. Acceptance of Membership Requirements

Automatic entitlement to International Registered membership can be secured by compliance with the following:

- (a) Successful completion of training Diploma in Solution Focused Hypnotherapy (DSFH) or
- (b) HPD (Level 4 equivalence of Ofqual's Qualification and Credit Framework (QCF))

If you are unable to satisfy the requirements above and you consider that you practice solution focused hypnotherapy you are very welcome to apply with the determination of your application for membership being at the discretion of the Association's Executive. Please provide details of your website and either (a) Evidence of CPD attendance at a Solution Focused Hypnotherapy Seminar or Course or (b) Evidence of other training in Solution Focused Therapy.

If neither (a) or (b) of the above apply please set out in a letter/email how you feel you are able to satisfy the description "solution focused hypnotherapist"

Please note that whether entitlement is automatic or discretionary the Association reserves the right to refuse membership.

## 2. Contact Details

The Administrative Purposes Only contact details (section 2) will be used by the Association to communicate with you and will not be released to any third parties.

By signing the Application for Membership of the Association's Register of Professional Hypnotherapists, you are giving permission for your Online Contact Details (section 3) to be published on the Association's website. Therefore only complete the details in this section that you wish released to the general public.

## 3. Supporting Documents

In the UK, the Disclosure and Barring Service (DBS) helps prevent unsuitable people from working with vulnerable adults and children. If you intend to work with vulnerable adults and/or children, the AfSFH requires you to obtain the equivalent of a DBS if an equivalent scheme exists in your country of practice.

You are required to have professional indemnity insurance in place if required in your country of practice.

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#### **4. Membership Requirements**

You will be required to undertake supervision and continuous professional development (CPD) in line with the requirements of the Association. See <http://afsfh.com/membership/> for more information.

Members of the AfSFH agree to the following rules of conduct:

#### **1. All practising members undertake to adhere to the AfSFH Code of Ethics.**

This is available at <http://afsfh.com/code-of-conduct-performance-and-ethics/>

#### **2. Relationship with the AfSFH**

Members shall keep the AfSFH informed of:

- Changes to personal details, e.g. name, address, phone number, practice name etc.
- Changes to qualifications, including lapses of time limited certification and ongoing training / development.
- Any civil or criminal judgments (i.e. crimes against society, the person and property, excluding motor offences except those including alcohol, personal safety and failure to have the correct documentation).
- Business associations with any other body from which conflict with their membership of the AfSFH may arise.

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