



## Course Enrolment Form

Pregnant Person's Name

Please circle your preferred pronoun: She / He / They

Please circle or fill in your preferred identifying term for use in the birth journey:  
mum, dad, birthing person, parent, other\_\_\_\_\_.

Mailing Address

Preferred contact phone

Alternate phone

Email Contact

D.O.B

Birthing Companion Name

Relationship

"Please circle or fill in your Birthing Companions preferred identifying term for use in the birth journey: mum, dad, birthing companion, parent, other\_\_\_\_\_."

Birthing Assistant Name

Relationship (doula, friend, etc.)

Care Provider Name & Title

City

Birthing Facility

City

Have you birthed before? What baby number is this?

How did you hear about us?

When is baby expected?

How many weeks pregnant will you be when you begin classes?

Do you have any health or obstetric concerns?

I wish to enroll for the 5 Week HypnoBirthing® Course beginning:

Date: [Date of course inserted Here](#)

Location: [Venue of course inserted here](#)

Tuition fee: \$insert - (fee includes textbook, audio practice MP3's, and handouts.)  
To secure your place at the course, a \$100.00 (non-refundable) tuition deposit is required.  
Bank Transfer via eft -Account Name inserted – BSB: insert ACC: insert / or other payment methods

Please return your form and confirmation of paid deposit to: (insert email address)

# ***Enrolment Agreement***

*The HypnoBirthing® Institute may contact you for quality assurance and research purposes. If you consent to be contacted now, please note that you are free to change your mind at any time. Be assured that we will not share your personal identifying information with anyone outside the HypnoBirthing® Institute for any purpose. Thank you for your help in collecting data to support the growth of HypnoBirthing®.*

I do  I do not  agree to be contacted by the HypnoBirthing® Institute.

I hereby state that I am enrolling in the **HypnoBirthing®** class of my own free will and with the understanding that this is a program designed to teach me to use my own natural abilities to bring my mind and my body into a state of relaxation. I further understand that the content of these classes is in no way intended to be represented as medical advice nor as a prescription for medical procedure. I am aware that I should seek the advice of a health-care provider to answer any health-related or pregnancy-related issues surrounding my pregnancy, my labour, or my birth.

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 special circumstances that could arise as a result of my pregnancy, my labour, or the birth of my child; and I agree that neither I nor any member of my family will make any claim or initiate any suit against any of the above-named parties now or at any time in the future.

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Pregnant Person's Signature

Date