

FREE
COURSE

Learning Enhancement and Study Skills

.....Improve Your Learning Skills & Mental Preparation for Exams!

Martin Kiely, BCH, CI

In Association with

Paul Giltinan, CH

National Guild of Hypnotists Ireland Chapter Members



REQUEST FOR PARENTAL CONSENT

Dear Parent:

We have been contacted by a person who has stated that (s)he is under the age of 18 years old and wishes to participate in the 'Learning Enhancement and Study Skills' programme to help improve their learning skills and mental preparation for exams.

This programme is open to children under age 18 only with parental consent. Since certain personal information about your child, including e-mail address, name, mailing address, and phone number may be required for this programme; we are contacting you for your permission to collect and/or maintain personal information from your child.

A copy of our website Privacy Statement can be found on our web page. It includes discussions of what information we collect, how we collect it, and why we respect individuals privacy and will not share their details. It also discusses how to change or delete information previously collected and how to prevent further collection or disclosure.

Please print a copy of this consent form. If you permit your child to participate in the 'Learning Enhancement and Study Skills' programme you agree that your child is bound by the Terms of Use of the Site and any terms, rules or agreements associated with the 'Learning Enhancement and Study Skills' programme.

If you agree to permit us to collect and maintain personal information from your child, please write your initials here: _____.

If you consent to your child attending the 'Learning Enhancement and Study Skills' programme, please write your initials here: _____.

Without your permission, your child may not participate in the 'Learning Enhancement and Study Skills' programme.

Please sign and date this consent form below, and return it by E-mail or postal mail to:

Parental Consent:

C/O Martin Kiely
Martin Kiely Hypnosis Centre,
1 Windsor Place, St. Lukes Cross, Cork.
Email: martin@martinkielhypnosis.com

CONSENT:

I _____ [printed name of parent] am the parent or legal guardian of _____
[name of child who wishes to participate], and I hereby agree to the terms initialed above.

Signed By:

[Signature of parent]. _____ Dated: _____ in the City of _____, Ireland.

Parent's or legal guardian's are welcome to attend the programme with participants. For any questions related to this form and the 'Learning Enhancement and Study Skills' programme please contact:

Martin Kiely, BCH, CI

Martin Kiely Hypnosis Centre,
1 Windsor Place, St. Lukes Cross, Cork.

Tel: 021 - 4870870

Email: president@nghirelandchapter.com

Website: MartinKielyHypnosis.com

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