

Mulberry Clinic

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HYPNOBIRTHING BOOKING FORM

For Course Dates:		Course Location:	
Baby's Estimated Due Date		Sex of Baby	M / F / Unknown
Mother-to-be Name			
Mother-to-be Date of Birth			
Mother-to-be Occupation			
Address			
Telephone No. Home		Telephone No. Mobile	
Your preferred email address			
Home email address, if different to above			
Birth companion's name			
His/her Date of Birth			
His/her Occupation			
His/her Telephone No. Home		Telephone No. Mobile	
His/her Email address			

BIRTH DETAILS AND HEALTH QUESTIONS:

Where do you plan to give birth?	
Previous childbirths and when?	
Please outline your current physical condition	
Do you suffer from epilepsy or mental health illness	

Please continue overleaf

www.hypnobirthing4u.co.uk
www.mulberryclinic.co.uk

BIRTH DETAILS AND HEALTH QUESTIONS (Cont):

Do you or your companion/s have any disabilities?

Yes / No

If yes, do you require wheelchair access?

Yes / No

If you or your companions have any disabilities, please state

Is there anything else you feel we should know about? If yes,

What other birth preparation classes have you taken or planning to take?

How did you hear of HypnoBirthing?

How did you hear of Mulberry Clinic?

Please outline what you hope the HypnoBirthing Course will do for you with regards to your birth and/or pregnancy

ENROLMENT AGREEMENT

I hereby state that the information given here is true to the best of my knowledge and that I am enrolling in the HypnoBirthing course of my own free will and with the understanding that this is a programme designed to teach me to use my own natural abilities to bring my mind and body into a state of relaxation. I further understand that the content of this course is in no way intended to represent medical advice nor is it a prescription for a medical procedure. I am aware that I should seek the advice of a medical doctor or midwife to answer any medical or health-related issues surrounding my pregnancy, labour or delivery. 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 complications that could arise as a result of my pregnancy, my labour, or the delivery 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.

A £150.00 deposit is payable immediately your booking will be confirmed within 7 days of cleared funds. The balance is payable one month prior to the commencement of the course. If you require an invoice please contact us.

If you wish to cancel or rearrange, contact by telephone or email, however written confirmation will be required. I agree to the cancellation policy set out below and these terms and conditions and I have been given a copy.

Mother-to-be signature _____

Print Name _____

Date: _____

Payment Details

Amount to be charged: _____

Payment: Cheque / Debit Card / Credit Card Name as appears on Cheque / Card: _____

Card No.: _____ For card payments only:

Address card is registered to if different to overleaf

Start Date: _____ Expiry Date: _____

Issue No.: _____ Security Code: _____

I authorise my card to be charged with the above amount as a deposit / full payment of a HypnoBirthing Course. I have been given a copy of the enrolment agreement. I understand that the card will be debited by Mulberry Clinic and that should I wish to cancel or rearrange my course, the cancellation policy below will be applied.

Signature of card holder: _____

Cancellation Policy

If a course is cancelled or postponed at short notice by the client, Mulberry Clinic reserves the right to charge a cancellation fee. In all cases the practitioner must be notified by telephone and a letter of confirmation sent. The cancellation fee is applicable from the date of receipt of the written cancellation. The practitioner will examine each cancellation / short notice postponement on a case-by-case basis and take into account any special circumstances surrounding the request for cancellation due before deciding whether to invoke the cancellation charge. He/she will also use their best endeavours to minimise any fee that is due. In all cases the maximum that will be charged is as follows:

Number of Working Days before First Session

30 or more
20-29 working days
11-19 working days
10 working days or less

Maximum Cancellation Charge

Nil other than for any course materials already provided
25% of Course fee
50% of Course fee
100% of Course fee

Working days are classed as Monday to Friday except for Statutory Bank Holidays, Good Friday, and the period 24th December to 1st January inclusive.