**Learner Pre-screening Declaration**

Centre Name and NLPQ Centre Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NLPQ Qualifications Course Title and Code

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Learner Name:

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What are your expectations from this training programme?

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What is your key outcome for attending this training course?

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Are you currently seeing a psychiatrist, psychologist, GP, counsellor or psychotherapist?

Yes / No

Are you on any prescription medication for an ongoing mental health condition?

Yes / No

Have you ever been seen by a psychiatrist, psychologist, GP, counsellor or psychotherapist?

Yes / No

Have you ever been prescribed medication for depression or anxiety or any other mental health condition? Yes / No

Have you previous been involved in training in psychology, psychotherapy, hypnosis, NLP or coaching process? Yes / No

If you have answered yes to any of the questions above, please provide details here:

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Any Access Arrangements and/or Reasonable Adjustments required?

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Learner’s signature: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print in Full)

Date: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Centre Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Centre Staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print in Full)

Date: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved for enrolment? Yes / No / Deferred until further information obtained