

## Hypnobirthing Enrolment Form

Location: \_\_\_\_\_ Dates : \_\_\_\_\_  
Estimated Birth Day: \_\_\_\_\_ Is this a first or subsequent birth?: \_\_\_\_\_

### MOTHER'S DETAILS

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email : \_\_\_\_\_

### FATHER or BIRTH PARTNER'S DETAILS

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email : \_\_\_\_\_

*What do you wish to gain from the hypnobirthing course?*

*Where did you hear about these hypnobirthing courses?*

*Is there anything else I should be aware of?*

Property Rights) relating thereto respectively are the sole property of Rachel Coombes, or others from whom such rights may be derived (whether or not protected by trademark and copyright laws) and may not be used other than for the personal use of the participant without obtaining prior written permission. The participant agrees not to record the course or any part thereof.

#### Data Protection

The participant also agrees that Rachel Coombes shall hold your details on file and on computer and, in accordance with the Data Protection Act 1998, you are able to view your individual file by giving not less than seven days' written notice.

#### Disclaimer

Using hypnobirthing techniques is not a substitute for the advice of or the presence during birth or any part of pregnancy or labour of a qualified medical practitioner, midwife or obstetrician. It does not represent in fact or otherwise an alternative to appropriate medical care or for professional medical advice in any way shape or form. Any questions or doubts that you have about the use of hypnobirthing by you or any third party in any part should be discussed by you with your medical caregiver and the safety of or the appropriateness of this programme to you or any third party whom you represent be confirmed with your medical care giver prior to undertaking the programme. Rachel Coombes or any of their representatives accept no responsibility for the inappropriate use of hypnobirthing techniques or complications or harm to any third party resulting from the use of hypnobirthing techniques as a substitute for medical advice. Hypnobirthing is intended solely as an 'aid' to 'help' increase the comfort of labour and birth and is not in any way a guarantee or promise of expected, imagined or actual outcome of the labour or birth in any way shape or form. Participation in hypnobirthing classes in any part or in total by any person or third party is undertaken with the understanding by any persons or third party that no litigation or legal action whatsoever will be initiated or that no form of compensation or reimbursement or refund will be claimed or applied for at any time now or in the future against Rachel Coombes or any of their representatives under any circumstances whatsoever.

#### Agreement

Any booking of a hypnobirthing class assumes full and informed compliance to and agreement with all of these terms and conditions of sale. In the event of a dispute, English law pertains.

**Signature of Client:**

**Date:**

Would you please complete this form and send it to Rachel Coombes at 279 Jersey Road, Osterley, Isleworth, Middlesex, TW7 4RF or by email to [rachel.coombes@ymail.com](mailto:rachel.coombes@ymail.com).

Payment can be made by cheque made out to Rachel Coombes.

Payment can be made by direct bank transfer to: Bank: Santander. Sort Code: 09-01-27. A/c No: 18786963. A/c Name: R A Coombes.

Payment can also be made online at [www.westlondonhypnobirthing.co.uk](http://www.westlondonhypnobirthing.co.uk)

**A receipt will be issued on clearance of your payment.**

**Rachel Coombes**  
**Phone: 0208 847 0059**  
[www.westlondonhypnobirthing.co.uk](http://www.westlondonhypnobirthing.co.uk)  
**Email: [rachel.coombes@ymail.com](mailto:rachel.coombes@ymail.com)**