

## Application Form

(PLEASE PRINT)

Title and Full Name ..... Date of Birth .....

Address for Correspondence .....

.....

..... Post Code ..... Home Tel. No. ....

Email for publication (ONE ONLY) .....

Website for publication (ONE ONLY) .....

Practice Areas (**County** followed by **Main Town** and **ONE Contact Tel. No. only for each area. Maximum of THREE areas**)

**Main Practice Area:** .....

Second Practice Area: .....

Third Practice Area: .....

Experience & Training (**Specifically relevant to Smoking Cessation**) .....

.....

.....

Main Therapeutic Approach/es (e.g. Hypno, NLP, CBT etc) .....

.....

### PAYMENT & INSURANCE OPTIONS (Please tick relevant box)

I enclose a completed **STANDING ORDER FORM** in the amount of **£35.00**

**OR**

I enclose a **CHEQUE** in sum of **£40.00**

**Please make cheque payable to 'Central Therapy Registers'**

With regard to the **OBLIGATORY Professional Indemnity Insurance** requirements:

I already have cover in place that meets the below stated requirement

I would like to receive information on the Schemes available through the Register's Brokers

**PLEASE CONTINUE .....**

I hereby declare that the above information is correct. I confirm that no disciplinary action is pending or has ever been sustained against me by any professional body. I further confirm that I have never been convicted of a criminal offence and that no criminal prosecution is pending. **(If you are unable to confirm either of the foregoing sentences, please provide full, written details.)** I understand that continued Registration beyond each annual renewal date is dependent upon my compliance with whatever criteria are in place at that time. I agree to adhere to the *GHR Code of Ethics* (see [www.general-hypnotherapy-register.com/code-of-ethics](http://www.general-hypnotherapy-register.com/code-of-ethics)). I understand that acceptance of my application is entirely at the discretion of the Registrar. I understand that in the event my application should be declined, I will be entitled to the return of any fee sent at that time. I understand and accept that failure to maintain relevant **Professional Indemnity & Public Liability Insurance** (minimum indemnity - £1,000,000) throughout any period of Registration with the CRSST will nullify that Registration. **(Please delete the following sentence if you do not agree)** - I agree that my contact details may be made accessible to members of the public, both in printed format and on the CRSST Website.

**I have enclosed copies of Supporting Documentation** (see below)

Please tick box

**Signed** ..... **Date** .....

**All Applications should be returned to: CRSST No.3 Provincial House 84 Canute Road Southampton SO14 3GX**  
**(Fee includes an annual *Registration Certificate*)**

## Notes for Guidance

### SUPPORTING DOCUMENTATION

It is essential that the CRSST maintains full information with regard to Registrants' training and experience within the field of Smoking Cessation. Consequently, **copies of appropriate documentation must accompany all applications for Registration** (e.g. Training Certificates / Workshop Attendance Certificates / CV outlining relevant experience etc). Your written confirmation that a previous hypnotherapy training course included modules on Smoking Cessation will also be acceptable.

### PRACTICE AREAS

You must include the **County, main Town** and **relevant Telephone Number** for each location. A **maximum of three separate practice areas** are permitted.

### PERCENTAGE SUCCESS CLAIMS, SINGLE SESSION CLAIMS and GUARANTEES

All statements published by Registrants in respect of their services to the public must conform to current UK Advertising Standards Authority (ASA) requirements for their particular sector as regulated by the CAP Code (i.e. The British Code of Advertising, Sales Promotion and Direct Marketing.) With particular reference to **Smoking Cessation, specific claims should be supported by appropriate evidence.** In practice this means that should you wish to publish a **claimed percentage success rate**, you will need to **include a statement explaining on precisely which research studies your claim relies.** The ASA states "Marketers should avoid making specific claims such as 'x% success rate' without rigorous substantiation. Practitioners, such as hypnotherapists or those using neuro-linguistic programming, should be careful to distinguish between success rates achieved by the method generally and those that they have achieved personally. The ASA has ruled that success rates should not be calculated by customers taking advantage of a money-back guarantee or free follow-up sessions if the method is not successful first time".

Consequently, you should be aware that **your wording must make it perfectly clear that the evidence relates to the respective therapeutic model in general** (e.g. hypnotherapy) **and NOT the outcome rates for the specific practice being advertised** (i.e. not your own claimed success rate as a practitioner).

Unqualified claims such as 'Stop Smoking the easy way' or 'Stop Smoking in 1 hour' or 'Stop Smoking in a single session' often place no emphasis on the participation or action of the smoker and could imply that the method offered, not the smoker's desire to stop, is the key to success. Those types of claims are unacceptable without substantiation and are likely to be seen as unacceptable guarantees of success. Conversely, claims such as 'If you really want to stop smoking, then one session could be all you need' or 'Hypnotherapy could help you to give up, if you are determined to stop smoking' are fine as long as they are not used to imply that the smoker will be able to break the habit without self-control on their part. Attending a course, being hypnotised or buying a book cannot by itself be sufficient to enable a smoker to quit their habit.

Similarly, words such as 'easy', 'permanently' or 'cure' that imply guaranteed success should not be used whereas 'simple' or 'effective' might be acceptable in the right context. For example 'For the truly committed, hypnosis could be an effective way to help you give up smoking'.

**Guarantees of success** are equally problematic. In this regard, the ASA will accept statements such as 'Your money back if you are not happy with the treatment. We are so confident that you will find our package of treatment beneficial that we guarantee to refund your payment in full if you are not satisfied with the quality of service provided'. In practice, the CRSST discourages the use of guarantees as they can leave both client and practitioner open to uncertainty (e.g. How long should a client go without smoking before you can lay claim to a successful outcome? What about the client who initially fails to stop smoking but subsequently stops two or three weeks after the therapy sessions have finished? etc).

The ASA's Committee of Advertising Practice (CAP) provides a very useful service through their Copy Advice Team (<http://www.cap.org.uk/Advice-Training-on-the-rules/Copy-Advice-Team.aspx>) who will inspect your proposed advertising copy and make recommendations on wording to help ensure it complies with the codes.

# Central Therapy Registers

(Inc. Central Register of Stop Smoking Therapists)

## Bank Standing Order Mandate

*(To be completed only if NOT paying your annual subscription by cheque)*

ACCOUNT IN THE NAME OF: \_\_\_\_\_

YOUR ACCOUNT NUMBER : \_\_\_\_\_ YOUR BRANCH SORT CODE: \_\_\_\_\_

YOUR BANK OR BUILDING SOCIETY NAME: \_\_\_\_\_

YOUR BANK ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

**PLEASE CREDIT: Central Therapy Registers**

*Account Number:* **01704785**      *Bank:* **Lloyds**      *Sort Code:* **30-95-32**

The sum of: **£35.00 (THIRTY-FIVE POUNDS)**  
on receipt of this Order and then **ANNUALLY** until cancelled by me

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

*Please return your completed Form to:*

**CRSST No.3 Provincial House 84 Canute Road Southampton SO14 3GX**