



**CHURCHILL  
HYPNOTHERAPY**

*Everyone deserves the chance to fly*



## **Kim Dyke and Sandra Churchill Supervisee Details Form**

### **Personal Details:**

First Name: .....

Surname: .....

Address: .....

Tel/Mobile No: .....

.....

Website Address: .....

.....

Email Address: .....

Skype: .....

.....

.....

### **Therapy Training/Qualifications**

Training Organisation	Course Title/Qualification	Date Qualified

Mobile: **Kim Dyke** - 07825 957013 **Sandra Churchill** – 07515 441825

Email: [supervisors@mail.com](mailto:supervisors@mail.com)

Web: [www.kimdykehypnotherapy.co.uk](http://www.kimdykehypnotherapy.co.uk) [www.churchillhypnotherapy.co.uk](http://www.churchillhypnotherapy.co.uk)

## Therapy Experience:

How many clients a week are you currently seeing? .....

What issues are you dealing with? .....

.....

.....

Which particular areas are you interested in? .....

.....

What do you look for in Supervision? .....

.....

.....

.....

Please state whether you are a:

☐ Supervisee in training

☐ Qualified Supervisee

Signed .....

Date.....

Mobile: **Kim Dyke** - 07825 957013 **Sandra Churchill** – 07515 441825

Email: [supervisors@mail.com](mailto:supervisors@mail.com)

Web: [www.kimdykehypnotherapy.co.uk](http://www.kimdykehypnotherapy.co.uk) [www.churchillhypnotherapy.co.uk](http://www.churchillhypnotherapy.co.uk)