College of Integrated Chinese Medicine

Application form for Paediatrics

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| --- | --- |
| Surname | First names |
| Age | Date of birth | Nationality | Gender |
| Home address | Current work Please give a brief description | Please supply **one** passport-sized photos of yourself. |
| Phone at home at work mobile | Email |

**Details of acupuncture training**

**Related qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Where attended | From | To | Subject | Qualifications |

**Thank you.** Please go onto [www.cicm.org.uk](http://www.cicm.org.uk) and pay the £100 application using your name as a reference. Alternatively, you can send in a cheque payable to CICM.

You can either scan and email me your application karen.starr@cicm.org.uk or post it to **Karen Starr** **Admissions, College of Integrated Chinese Medicine, 19 Castle Street, Reading, RG1 7SB**

If you have any queries I will be happy to help – call me on **0118 950 8880 or email** karen.starr@cicm.org.uk

