College of Integrated Chinese Medicine

Tuina Course Application Form

I am applying for the course starting in **October 2018.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Chinese Medicine Qualifications | College | Date |
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| Recent CPD courses/experience | College or venue | Date |
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| Body work qualifications or experience | College or venue | Date |
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| Please write about why you want to study Tuina (200 – 300 words) |
| Please continue overleaf if necessary |

I am a member of the BAcC/RCHM/ATCM (delete as necessary)

I enclose my non-refundable deposit of £100, to secure my place, made payable to CICM and will pay the balance of £1890 either:

* In full by 1 October 2018 by cheque or online
* Or 8 monthly instalments of £236.25 starting the 1st October 2018 by cheque or online.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to:

Charlotte Ribeiro

Tuina Course Registrar

College of Integrated Chinese Medicine

19 Castle Street

Reading

RG1 7SB