

College of Integrated Chinese Medicine

Application form for the BSc (Hons) Acupuncture degree course



Surname		First names	
Age	Date of birth	Nationality	Gender
Home address		Current work Please give a brief description	Please supply two passport-sized photos of yourself. Attach one here. Supply the other loose with your application
Phone at home	at work	Email	
mobile			

Formal education

Please give details of any O-level, GCSE, NVQ or A-level qualifications (or equivalent), plus any degrees or further education qualifications which involved examination. **Please enclose photocopies of your certificates, not the originals.**

Where attended	From	To	Subject	Qualifications

Work experience

Please tell us which jobs you have done, paid or unpaid, as they help us understand your background.

Dates	Description of the work

What is your experience or knowledge of complementary or Chinese medicine? **

We would like to know about any formal or informal study of Chinese medicine or any knowledge relevant to medicine or healing.

What relevant informal studies or life experience do you have? **

Tell us about any experience or informal study which would help to motivate you or helps you to understand an energetic-based medicine.

Why do you want to study acupuncture? **

Please write 250 to 500 words using your own handwriting and signing the declaration below. Your answer will help us assess your motivation and commitment. You may use a separate sheet of paper if you prefer, so long as you write by hand and sign the declaration.

I confirm that this is my own handwriting Signed _____

** There are no right answers to these three questions. They are intended to help us understand your background.

Are you a registered disabled person? Yes No

If the answer is yes, please state the nature of your disability.

Registration number (if applicable)

If you are not registered, but have a disability that you would like the College to know about please give details.

Please note that the College has an equal opportunities policy and will shortlist people with disabilities as long as the basic criteria are met.

If you are a British national, please provide a **certified copy** of a **proof of identity** bearing your name and photograph such as a **passport** or **driving licence**. The person certifying the copy must write 'original seen' on a photocopy of the original and give their name, capacity/profession, address, phone number, signature and the date. This may be done by a lawyer, banker, accountant, teacher, doctor, minister of religion or at a post office. Copy documents will be kept by us.

If you are not of British nationality, please indicate your **residency status** below, and send us **certified copies** of documents proving your residency status and identity.

Please give details of any convictions including any 'spent' convictions.

If you are offered a place on this course and English is **not** your first language, and your secondary education has **not** been undertaken in English, we will ask to see an IELTS level academic 6.5 certificate before you start the course with a pass in all components.

Application fee

Please enclose a fee of £50 with this application. If you are offered a place and accept it, this fee will be set against your first year's course fees. If we do not offer you a place, the fee will be returned to you.

Before you sign this application...

- Have you attached a photo to the front page and included another?
- By signing this form you give consent to allow your information to be stored on our database
- Have you enclosed photocopies of your examination certificates?
- If you have described why you want to study acupuncture on a separate sheet, is it enclosed?
- British nationals, have you enclosed a certified copy of a proof of identity such as a passport or driving licence?
- Foreign nationals, have you included certified copies of documents proving your identity and residency status in the UK?

Have you included the application fee of £50 (fifty GB pounds) made payable to the College of Integrated Chinese Medicine?

Application date _____ Signed _____

Thank you. We look forward to considering your application.

Please post it to **Karen Starr Admissions, College of Integrated Chinese Medicine, 19 Castle Street, Reading, RG1 7SB**

If you have any queries we will be happy to help – call us on **0118 950 8880**

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