College of Integrated Chinese Medicine

Application form for the BSc (Hons) Acupuncture degree course

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| --- | --- | --- | --- | --- |
| Surname | | First names | | |
| Date of birth | Gender | Nationality | | Ethnicity |
| Home address | | Current work | | Please supply **one** passport-sized photos of yourself. |
| Phone at home at work  mobile  07960208001 | | | Email | |

**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.**

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| --- | --- | --- | --- | --- |
| Where attended | From | To | Subject | Qualification and Grade Achieved |
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**Work experience**

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

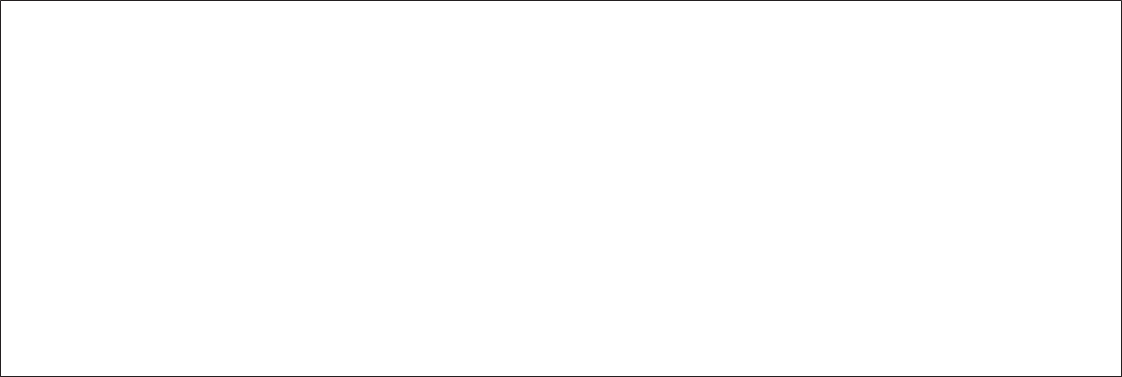
Date Description of the work

**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 sign 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.

How did you hear about the College? Please mention any specific individuals.

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. 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?
* By completing 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 ie passport
* 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 email 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**

Validated by:

