College of Integrated Chinese Medicine

Application form for Obstetrics and Gynaecology

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

**Details of acupuncture training including certificate(s)**

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

|  |
| --- |
| **Please give a short bio of what you would like from the course and how long you have been in practice.** |

Please include a copy of your **passport** with your application

Scan and email me your application [JVinall@cicm.org.uk](mailto:JVinall@cicm.org.uk)

