College of Integrated Chinese Medicine

Application form for Paediatrics

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | | First names | | |
| Age | Date of birth  Gender at birth | 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 mobile  alternative number | | | Email | |

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

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

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

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

