College of Integrated Chinese Medicine

Application form for the BSc (hons) Acupuncture course

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| Surname | | First names | | |
| Date of birth  Gender at birth | Gender identity if different from birth  Preferred pronoun | Nationality | | Ethnicity |
| Home address | | Current work | | Please supply **one** passport-sized photo of yourself. |
| Mobile  Alternative number | | | 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 **- this must be included.** |
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**Work experience**

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

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| Date | Description of work |
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**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.

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

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

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W**hy do you want to study acupuncture? \***

Please write 250 to 500 words. Your answer will help us assess your motivation and commitment.

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**\*** 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.

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If you were referred, please give details of the person who referred you

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**If English is not your first language, and your secondary education was not in English, we require a copy of IELTS level academic level 6.5 certificate with a pass 0f 6.5 in all components upon application.**

Are you a registered disabled person? Yes No

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

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Registration number (if applicable)

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

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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 - *ideally* 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.

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Please give details of any convictions including any ‘spent’ convictions.

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You are expected to be able to demonstrate adequate IT skills when studying on the degree course, i.e., uploading, emailing, submitting online course work, and creating documents. Upon signing this form, you are confirming you have the skills required, if you have any concerns, please contact the registrar.

**Application fee**

Please go online <https://www.acupuncturecollege.org.uk/payfees> and pay the 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 refunded to you upon request.

**Before you sign this application…**

* Have you scanned a photo to the front page or emailed with application?
* Have you scanned photocopies of your examination certificates?
* British nationals, have you provided a certified copy of a proof of identity i.e., passport
* Foreign nationals, have you included certified copies of documents proving your identity and residency status in the UK?
* Have you paid the application fee of £50?

By completing this application, you give consent to allow your information to be stored on our database and shared with college staff, faculty and education bodies as required in line with our student privacy policy.

**Application date Signed**

Please email to **Jo Brown** [**Jobrown@cicm.org.uk**](mailto:Jobrown@cicm.org.uk)

If you have any queries, we will be happy to help – call us on **0118 950 8889**

**Validated by** 