

Applying For:

Full-time

Part-time

Weekday
(September)

Weekend
(March)

Year 20



ICOM
International College of Oriental Medicine
Excellence in Acupuncture since 1972

Please affix one passport size photograph and include one loose photograph with your application

Van Buren House, Green Hedges Avenue, East Grinstead, W. Sussex RH19 1DZ England
Tel: +44 (0)1342 313106 Fax: +44 (0)1342 335104

APPLICATION FORM

When completed, this Application should be sent to the Student Admissions at the above address, with the following :

- Photocopies of qualifications
- Two recent passport photographs
- Name and address of a reference

Surname: _____ Female

First Name: _____ Male

Preferred Name: _____

Name on qualifications (if different): _____

Date of Birth: _____ Age: _____

Profession: _____ Nationality: _____

Home Tel. No.: _____ Mobile No.: _____

E-Mail Address: _____

Home Address (non term): _____

Contact Address (during term if known): _____

Where did you first hear about the College? _____

Will you be applying for Student Loan Funding? _____

NB: You will be asked to bring original documents, passport and your reference to interview.

For college use only

| | |
|--|------------------------------------|
| Interview Date: _____ | Offer Date: _____ |
| Certificates seen & copied Y <input type="checkbox"/> N <input type="checkbox"/> Initials: _____ | Ref Request Date: _____ |
| Passport seen & copied Y <input type="checkbox"/> N <input type="checkbox"/> Initials: _____ | Ref Return Date: _____ |
| Health Status written Y <input type="checkbox"/> N <input type="checkbox"/> Initials: _____ | Comments to Student Administrator: |
| Student Loan Funding Y <input type="checkbox"/> N <input type="checkbox"/> Initials: _____ | |
| CRB declaration Y <input type="checkbox"/> N <input type="checkbox"/> Initials: _____ | |

Please write a statement declaring your health status.

Include information about any health issue or disability that may hinder or prevent your learning in order that we can determine any support that you may need. Use extra sheet if necessary.

A Partner College of the University of Greenwich

School of Health and Social Care | BSc Hons Acupuncture

Criminal Offence Declaration Form

Have you been convicted of, cautioned for or charged with any criminal offence? Conviction includes being put on probation or being given an absolute or conditional discharge or being bound over or being given formal caution. This includes convictions which would normally be regarded as spent under the Rehabilitation of Offenders Act 1974.

YES NO

If YES please give full information about the nature of the offence, the date of conviction or caution and the sentence. (Please continue on a separate sheet if necessary.)

Details:

I declare, to the best of my knowledge and belief, that the information I have given in this document is true. I am aware that if I am offered an unconditional place on the course I will be required to complete an on-line Criminal Records Bureau (CRB) application. I understand that I must submit the necessary documents as soon as possible, when requested, in order to participate in clinic practice learning. I understand that a record of a criminal offence for which I have been convicted, cautioned or charged may prevent me from being permitted to complete the course or subsequently being eligible for state registration.

Name: (in block capitals please)

Signature:

Date:

DATA PROTECTION ACT 1998

The information which you give will be used for the following purposes: to enable ICOM and our partner, the University of Greenwich, to create a computer and paper record of your application; to enable the application to be processed; to enable the institution to compile statistics, or to assist other organisations to do so, provided that no statistical information that would identify you as an individual will be published. The information will be kept securely, and will be kept no longer than necessary.