

Applying For:

☐ Full-time

☐ Part-Time

☐ Weekday

☐ Weekend

Year 20



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

Electronic copies to: admin@orientalmed.ac.uk

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 referee

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 this College? _____

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

For college use only

Interview Date: _____	Offer Date: _____
Original Documents seen & copied: Y <input type="checkbox"/> N <input type="checkbox"/>	Ref Request Date: _____
Passport seen & copied: Y <input type="checkbox"/> N <input type="checkbox"/>	Ref Return Date: _____
Health status written: Y <input type="checkbox"/> N <input type="checkbox"/>	Comments to Student Administrator:
CRB declaration: Y <input type="checkbox"/> N <input type="checkbox"/>	

Do you have any previous study/experience of Acupuncture or other holistic therapies?

[illegible]

Use extra sheet if necessary

Professional / Work Experience to date

[illegible]

Use extra sheet if necessary

Qualifications and Education

Please give details of any GCSEs and 'A' levels, NVQ or equivalent and degree or further education qualifications which involved examinations. **Please remember to enclose photocopies of your certificates, not the originals. Original documents will need to be seen at interview.** Use extra sheet if necessary.

[illegible]

Personal Statement

This image shows a single sheet of white paper with horizontal red ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Will you be applying for exemptions in any subjects?

Yes: ☐ No: ☐

Please provide a reference (USE BLOCK CAPITALS)

Please note that this person MUST be a professional or academic referee

Name: _____

Address:

Email: _____

In what capacity is this person known to you?

Please note that this person **MUST** be a professional or academic referee. I have read the prospectus and wish to apply to study:

Name: _____ SIGNED: _____

DATE: / /

Email: _____

If you are not a British Citizen or a Citizen of a European Community member country, please tick this box: ☐

In what capacity is this person known to you?

If you will be residing in the UK while on this Course, please give details (on a separate piece of paper) of arrangements made with the Home Office regarding your residency in Britain.

Have you attended an Open Day at the college? Yes: ☐ No: ☐

If NO, will you be attending and, if so, on what date:/...../..... (date)

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.

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 a form for the Criminal Records Bureau (CRB). I understand that I must submit the CRB form as soon as possible 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 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.