

Enter Academic
Year applying
for:



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

International College of Oriental Medicine

Green Hedges House, Green Hedges Avenue, East Grinstead, W. Sussex RH19 1DZ England

Tel: +44 (0)1342 313106/7 Fax: +44 (0)1342 312308

APPLICATION FORM

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

- Photocopies of qualifications
- Administration fee of £30 (payable to 'ICOM')
- Two recent passport photographs
- Names and addresses of two referees

Surname:

First Names:

Name on qualifications, (if different):

Marital Status:

Date of Birth:

Home Address (non term):

Contact Address (During term if known)

Male Female

Age

Nationality

Profession

Home Tel. No.

Home Fax No.

Contact Tel. No.

Work Tel. No.

Work Fax No.

Mobile No.

E-MailAddress

Where did you first hear about this College?

For college use only

Required	Received
Passport photograph	
Photocopies of Qualifications	
Administration fee of 30 £	
References	
UCAS form	
Deposit of 500 £	

Ref Request Date: _____
Return Date: _____
UCAS form Received Date: _____
Interview Date: _____
Time: _____
Information Seminar? _____
Offer Date: _____
Acceptance Date: _____

Deposit Required Date: _____
Information Pack Sent _____
Comments _____

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DOF

State your reasons for wanting to study acupuncture and your suitability to become a practitioner

Use extra sheet if necessary

Please provide a reference (USE BLOCK CAPITALS)

Name: _____

Address: _____

Tel No. _____

In what capacity is this person known to you? _____

I have read the prospectus and wish to enroll. I enclose 30 £ (made payable to 'ICOM') in support of my application.

SIGNED: _____

DATE: _____

If you are not a British Citizen or a Citizen of a European Community member country, please tick this box: 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 information seminar at the college? Yes: No:

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

Faculty of Health

School of Health Professions

BSc (Hons) Oriental Medicine - Acupuncture

Course starting in September 20.... (year)

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 that will be sent to me by the University. I understand that if I do not submit the CRB form for processing within 3 weeks of receipt, I may be excluded from the course. 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:
