

Applying For:

Full-time Weekday

Full-time Weekend

Part-time Weekday

Year



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: _____ Nationality: _____

Profession: _____

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: _____	Ref Request Date: _____
Passport seen & copied: _____	Ref Return Date: _____
Registration Fee £200 Received: _____	
Pass to Student Administrator: _____	

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 pleas 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) that will be sent to me by the University. 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 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.