



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
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APPLICATION FORM

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

Photocopies of qualifications

Name and address of a reference

 Two recent passport photographs 		
Surname:	г	□ Esmals
First Name:		☐ Female ☐ Male
Preferred Name:		_ Male
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 do	ocuments, passport and your reference to in	terview.
For college use only		
Interview Date:	Offer Date:	

For college use only				
Interview Date:	I	Offer Date:		l
Certificates seen & copied	Y N Initials:	Ref Request Date:		I
Passport seen & copied	Y N Initials:	Ref Return Date:		 I
Health Status written	Y N Initials:	Comments to Student A	dmini	strator:
Student Loan Funding	Y N Initials:			
CRB declaration	Y N Initials:			

Use extra shee	et if necessary				
Profession	onal / Work				
Date	T-	Company N	lame	Posi	tion & Details
From	То				
Use extra shee	•				
Formal E	ducation				
Please give d examinations need to be s	etails of any GC . Please rement een at intervier	CSEs and 'A' le mber to encl w. Use extra sl	vels, NVQ or equivalent and degree on the second of the se	or furtl es, not	ner education qualifications which involved the originals. Original documents will
W	here attended	d	Subject		Qualification, Grade & Date received

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

Details

Date

From

То

Use extra sheet if necessary	
Please provide a reference (USE BLOCK CAPITA	LS)
Name:	I have read the prospectus and wish to apply to study:
Address:	CICNED
	SIGNED:
Email:	DATE:
Tel No.	
In what capacity is this person known to you?	If you are NOT a British Citizen or a Citizen of a European Community member country, please tic
	this box: If you will be residing in the UK while on this Course
The referee should be a person known in a professional or academic capacity (ie not a friend or family member)	please give details (on a separate piece of paper) of arrangements made with the Home Office regarding
	your residency in Britain.
	your residency in Britain.

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.