

The Irish College of Traditional Chinese Medicine
Application Form
(Dip.CHM)



Attach photo

| Please use Block Capitals | | |
|-------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------|
| Full name: Dr/Mr/Mrs/Ms/Miss | | |
| Date of Birth: | Nationality: | |
| Address: | | |
| Home phone no: | Mobile no: | |
| Email: | Work Telephone: | |
| Present Occupation or Profession: | | |
| Give details of your Acupuncture/ TCM qualifications and training Name and address of College | Dates attended | Certificates/Qualifications and Dates awarded |
| | | |
| Give details of your Acupuncture/ TCM professional experience | | |

| Give a summary of your other qualifications and training School/College/University | Dates attended | Certificates/Qualifications |
|---------------------------------------------------------------------------------------|----------------|-----------------------------|
| | | |

| | |
|----------------------------------------------------------|--------------------------------------------------------------|
| Date you qualified as an Acupuncturist/ TCM practitioner | |
| Current practice status - | In practice/ not in practice. Number of years in practice |
| Current Professional Body and years of membership | |

Give the name and address of TWO referees:

| | |
|----|----|
| 1. | 2. |
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How did you hear about the ICTCM?

I wish to apply for a place on the Dip.CHM course and declare that, to the best of my knowledge, the information on this form and on the accompanying letter of application, is true and complete:

NOTE: On the accompanying letter of application please explain why you wish to do the Dip.CHM Course and why you are a suitable candidate.

Signed:

Date:

For admin use only

| | | | | |
|----------------|-----------------------------|---------------------------------|---------------------------------|----------------------------|
| Date received: | Interview - Yes/No Date: | Place offered - Yes/No Date: | Place accepted -Yes/No Date: | Deposit received: Date: |
|----------------|-----------------------------|---------------------------------|---------------------------------|----------------------------|