

The Irish College of Traditional Chinese Medicine

Application Form

(Lic.TCM)



Attach photo

Please use Block Capitals		
Full name: Dr/Mr/Mrs/Ms/Miss		
Date of Birth:	Nationality:	
Address:		
Home Tel.	Mobile	
Email:	Work Telephone:	
Present Occupation or Profession:		
Give details of your career/work experience since leaving school		
Education (from age 11):		
School/College/University	Dates attended	Certificates/Qualifications

Please give a detailed account of why you wish to apply for this course

If you wish, please continue on a separate sheet of paper

Give the name and address of TWO referees:

1.

2.

How did you hear about the ICTCM?

I wish to apply for a place on the Lic.TCM 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:

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:*

