College of Integrated Chinese Medicine

Application form for Paediatrics

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | | First names | | |
| Age | Date of birth | Nationality | | Gender |
| Home address | | Current work Please give a brief description | | Please supply **one** passport-sized photos of yourself. |
| Phone at home at work  mobile | | | Email | |

**Details of acupuncture training**

**Related qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Where attended | From | To | Subject | Qualifications |

**Thank you.** Please go onto [www.cicm.org.uk](http://www.cicm.org.uk) and pay the £100 application using your name as a reference. Alternatively, you can send in a cheque payable to CICM.

You can either scan and email me your application [karen.starr@cicm.org.uk](mailto:karen.starr@cicm.org.uk) or post it to **Karen Starr** **Admissions, College of Integrated Chinese Medicine, 19 Castle Street, Reading, RG1 7SB**

If you have any queries I will be happy to help – call me on **0118 950 8880 or email** [karen.starr@cicm.org.uk](mailto:karen.starr@cicm.org.uk)

