



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. Name: Postal Address Email: Phone number:	2. Name: Postal Address Email: Phone number:
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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:
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For admin use only

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