



**The Irish College of Traditional Chinese
Medicine
Application Form
(Postgraduate Courses)**

Attach photo

Please use Block Capitals		
Full name: Dr/Mr/Mrs/Ms/Miss		
Date of Birth:	Nationality:	
Address:		
Home Tel.	Mobile:	
Email:	Work Telephone:	
Name of Postgraduate programme applied for:		
Give an outline of your TCM career/work experience since qualifying.		
Education and training in Acupuncture/TCM/Chinese Herbal Medicine:		
School/College/University	Dates attended	Certificates/Qualifications awarded

Please give details of the Professional Organisation to which you belong, and any aspects of your current practice which would support your application to this postgraduate programme.

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

Any additional supporting information:

How did you hear about the ICTCM?:

I wish to apply for a place on the _____ postgraduate 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:*