

POSTGRADUATE APPLICATION FORM

Application for admission to the British College of Osteopathic Medicine in 20

- PgCert Osteopathic Sports Care** (12-months)
- PgCert Children's Osteopathy** (12-18 months)
- BSc (Hons) Osteopathy: Conversion Degree** (10 months)

Please complete the form in **TYPE** or **CLEAR PRINTING**.

Letters in brackets refer to the **Notes**.

1. PERSONAL DETAILS.

Gender: Male or Female Date of birth

Title (e.g. Mr/Mrs/Ms/Miss) _____

Surname (a) _____

First name/s (in full) _____

Previous name (if changed) _____

Nationality (b) _____ Your first language (c) _____

Correspondence address _____

Postcode _____ Tel. (inc. area code) _____

E-mail _____

Home address (if different) _____

Postcode _____ Tel. (inc. area code) _____

Area of permanent residence. All applicants should write in their residential category (d).

Notes

- (a) Family name
- (b) As on your passport
- (c) The course is conducted in English. If English is your second language you will need to be sufficiently proficient to accommodate this.
- (d) If you live in Scotland, state district or island area. If you live in Ireland, state Education or Library Board. If you live in elsewhere in G. Britain, name the county or metropolitan district or borough. If you live outside the UK state country.

2. EMPLOYMENT HISTORY.

Please give dates.	Job Title	Dates

3. UNDERGRADUATE AND POST-GRADUATE EDUCATION HISTORY.

List qualification, Institution, Duration of the course, year of graduation .

4. PLEASE LIST BELOW YOUR PROFESSIONAL REGISTRATION (E.G. GOsC or other Registration organisation number)

5. PLEASE LIST PREVIOUS EXPERIENCE OR CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

6. PERSONAL STATEMENT.

State why you wish to study at BCOM.

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7. REFEREES.

Academic	Character*
Name	Name
Address	Address
Postcode	Postcode
Tel. (inc. area code)	Tel. (inc. area code)
E-mail	E-mail

**Excluding patients, family or friends.*

8. SPECIAL NEEDS.

Please give details of special needs or support required as a consequence of any disability or medical condition, which you consider the College must be made aware of.

9. CRIMINAL CONVICTIONS. Do you have any? Yes No

10. DECLARATION.

I certify that the information I have given is, to the best of my knowledge, complete and accurate.

Signed _____ Date _____

11. HOW DID YOU FIND OUT ABOUT BCOM'S POSTGRADUATE COURSES?

Please indicate your main sources of information.

- | | | |
|---|---|---|
| <input type="checkbox"/> BCOM WEBSITE | <input type="checkbox"/> Advertisement
Which publication?
..... | <input type="checkbox"/> Social Media
Please specify?
..... |
| <input type="checkbox"/> OSCA WEBSITE | | |
| <input type="checkbox"/> Other (please give details)
..... | | |

12. MISCELLANEOUS

Nationality _____

Country of Domicile _____

Ethnic Origin _____

Parental Education

Do any of your parents have any higher education qualifications such as a degree, diploma or certificate of higher education?

- Yes No Don't Know Information Refused

Please return this application form to:

Admission Officer
British College of Osteopathic Medicine
Lief House, 120 – 122 Finchley Road, London, NW3 5HR
Tel. 0207 435 6464 E-mail admissions@bcom.ac.uk