

APPLICATION FORM

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

- Masters in Osteopathy** (4 years)
- Diploma in Osteopathy** (4 years)
- Diploma in Naturopathy** (4 years)
- Access to HE Diploma (Health and Human Sciences)**
(12 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. ARE YOU PRIVATELY RESPONSIBLE FOR THE FEES? (e)

Yes

No

3. EMPLOYMENT HISTORY.

Please give dates.	Job Title	Dates

4. EDUCATION HISTORY.

Names and addresses of up to four of the most recent schools / colleges attended.

Applicants must list all subjects taken whatever the results. In A-level and BTEC column include Scottish equivalents.

Subject Title	Exam. Year	State which exam. e.g. GCSE, CSE, O-Level, A-level, BSc degree etc	Outcome (Grade)	Subject Title	Exam. Year	State which exam. e.g. GCSE, CSE, O-Level, A-level, BSc degree etc	Outcome (Grade)

List any other qualifications				List any other qualifications			

5. PLEASE LIST BELOW ANY INTERESTS.

6. PERSONAL STATEMENT.

State why you wish to study at BCOM.

7. REFEREES.

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

8. APPLICATIONS TO OTHER INSTITUTIONS.

Please state whether you are applying, or have you previously applied, to any other similar college.
If YES, please give details where and when.

Title of course	Name of institution
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9. 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.

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

11. DECLARATION.

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

Signed _____ Date _____

12. HOW DID YOU FIND OUT ABOUT BRITISH COLLEGE OF OSTEOPATHIC MEDICINE?

Please indicate your main sources of information.

- | | | |
|--|---|---|
| <input type="checkbox"/> Registered Osteopath | <input type="checkbox"/> Local Authority Careers Service | <input type="checkbox"/> School/College Career Officer |
| <input type="checkbox"/> Public Library | <input type="checkbox"/> UCAS Handbook | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Advertisement
- which publication? _____ | <input type="checkbox"/> Directory of Courses
- title? _____ | <input type="checkbox"/> Careers Exhibition
- where? _____ |
| <input type="checkbox"/> Other (please give details) _____ | | |

Have you been to one of our Open Days? Yes No

If YES, please state how it affected your decision to apply. _____

13. 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