

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)
- PGCert Human Nutrition** (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

4. UNDERGRADUATE AND POST-GRADUATE EDUCATION HISTORY

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

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

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

7. PERSONAL STATEMENT.

State why you wish to study at BCOM.

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8. REFEREES

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

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.

11. CRIMINAL CONVICTIONS Do you have any?

Yes

No

12. DECLARATION

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

Signed _____

Date _____

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

Please indicate your main sources of information.

 BCOM WEBSITE Advertisement Social Media OSCA WEBSITE - which publication? _____ Please specify? _____ Other (please give details) _____**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