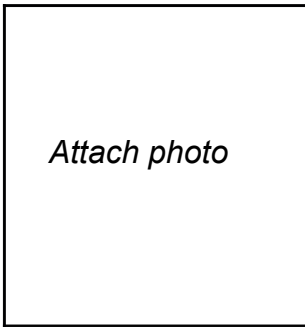


# The Irish College of Traditional Chinese Medicine Application Form



**(Lic.TCM)**

<b>Please use Block Capitals</b>		
Full Name:  _____ Dr/Ms/Miss		
Date of Birth:	Nationality:	
Address:		
Home Tel.	Mobile	
Email:	Work Telephone:	
Present Occupation or Profession:		
Give details of your career/work experience since leaving school		
Education (from age 11):		
School/College/University	Dates attended	Certificates/Qualifications

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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*

Give the name and address of TWO referees:

1.

2.

How did you hear about the ICTCM?

I wish to apply for a place on the Lic.TCM 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:
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*For admin use only*

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