College of Integrated Chinese Medicine

Application form for Paediatrics

|  |  |
| --- | --- |
| Surname | First names |
| Age | Date of birthGender at birth | Gender identity if different from birthPreferred pronoun | Nationality |
| Home address | Current work Please give a brief description | Please supply **one** passport-sized photos of yourself. |
| Phone mobile  alternative number | Email |

**Details of acupuncture training including certificate (s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Where attended | From | To | Subject | Qualifications |

 Please include a copy of your **passport** with your application

Scan and email me your application Jobrown@cicm.org.uk

