College Of Integrated Chinese Medicine

Application Form

### PLEASE PRINT DETAILS

**APPLICATION FOR POST OF**:

**Forename/s**:

**Surname**:

**Preferred pronoun:**

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| **1)Personal details:**Address: Telephone no: E-mail:Date of Birth:Are you a registered disabled person: YES/NO If the answer is yes please state the nature of your disabilityRegistration no. (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you are not registered but have a disability that you want the College to know about please give details:Please give details of any convictions including ‘spent’ convictions: |

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|  2) **Previous teaching and other work experience: Please write most recent first:** |
| Employer | Post held | Responsibilities (If teaching post, subject taught and age group) | Reasons for leaving  | From/To |
|  |  |  |  |  |
| Other work experience: |

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| 3) **Education and qualifications:** |  |
|  Details of Secondary Education | From  | To | Qualifications obtained detailing subjects and grades |
|  |  |  |  |
| Further/Higher Education | From | To | Degree obtained | Subject | Date  |
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| 4) **Please give details of Membership of Professional Institutions:** 5) **Professional courses of relevance to this application:**6) **Number of years in practice as an acupuncturist and average number of patients seen per week:** |

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| 7) **Please give details of your reasons for applying for this post** |

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| 8) **References** 1) 2)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: Email:  Relationship: Relationship: |

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| The information on this form is correct to the best of my knowledge and belief.Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(or type name if sending electronically)**Please return this form to:**Jo Rochford (Principal)College of Integrated Chinese Medicine 19 Castle Street,Reading, Berkshire RG1 7SBEmail: jrochford@cicm.org.uk  |