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 disability  Registration 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 | | |
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| 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:](mailto:Email%20karen.proudfoot@cicm.org.uk) 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 7SB  Email: jrochford@cicm.org.uk |