

MSc in Paediatric Osteopathy 2007 entry

Section 1 Personal Details

Title Dr/Mr/Ms/Mrs/Miss
Surname
Previous surname
Personal name
Address (main correspondence address)
Postcode
Email
Telephone
Mobile
Date of birth
Sex
Nationality

Section 2 Osteopathic Employment

Present employer
Start date
Address
Postcode

Previous employment

Employer
Start date
End date
Address
Postcode

Section 3 Osteopathic training

Institution	Awarding Body	Award (eg BSc, BOst, etc)	Class (eg 2:1)	Year

Section 5 Other academic awards

Institution	Subject	Award (eg BSc, BA, MA)	Class (eg 2:1)	Year

Section 6 A Levels or equivalent

School	Dates of attendance	Subject	Grade	Year

Section 7 References

Referee 1	Referee 2
Name	Name
Address	Address
Postcode	Postcode
Telephone	Telephone
Email	Email

Section 8 Additional Information

Please give any additional information which might be relevant including your reasons for applying for admission to MSc in Paediatric Osteopathy.

Section 9 Disability

Do you have any physical or sensory disability which may affect your studies, or may require special facilities or treatment? (Please circle)

Yes (please give details below) No

Section 10 Criminal Convictions

Do you have a criminal record? (This includes 'spent' or 'unspent' criminal convictions, cautions, reprimands, final warnings).

Yes No

If 'yes', please supply details on a separate sheet in a sealed envelope marked 'confidential' with this application. A criminal record will not necessarily be a bar to enrolment on the M.Sc. in Paediatric Osteopathy.

Important Information: If your application is successful you will be required to apply for an 'Enhanced Disclosure' from the Criminal Records Bureau (CRB). Further information can be obtained from www.disclosure.gov.uk

Section 11

Checklist (please tick)

- Completed application form
- Two references in sealed envelopes OR sent separately
- One example of written work
- Transcript of grades (if degree unclassified)
- One copy of your CV
- One copy of your GOsC certificate OR Final year student
- One copy of your professional indemnity insurance OR Final year student
- £50 deposit

Section 12 Declaration

I confirm that all the information provided above is correct, and agree to the BSO, OCC and The University of Bedfordshire processing personal data contained in this form, or other data which they may obtain from me or other people or organisations, for any purpose connected with my studies, or my health and safety whilst on the premises of the BSO or the OCC.

Signature	Date

Please return this form, together with your deposit and all necessary documents to:
Admissions, The Osteopathic Centre for Children, 15a Woodbridge Street, London EC1R 0ND.