

# APPLICATION FORM

Please ensure all sections are fully completed

## 1 - Course applied for:

Diploma in Paediatric Osteopathy		Award in Paediatric Osteopathy	
<b>Access Course</b>			
For DPO, we provide an Access Course to ensure all osteopaths have the necessary hands-on skills to start the course. We may consider other training or prior experience as equivalent, to be determined during your application process.			
I will need to complete the Access Course		I may not need to take the Access course	
If not, please explain your equivalent experience or training below			

## 2 – Personal details

Title	Dr / Mr / Ms / Mrs / Miss		
Firstname			
Lastname			
Gender	M / F / Prefer not to say	Date of birth	
Nationality			
Home address			
		Postcode	
Contact phone no.		Mobile no.	
Email address			

## 3 - Osteopathic Employment

<b>Present Employer / Practice Principal</b>			
Start Date			
Address			
			Postcode
<b>Additional Employer / previous employment (please specify)</b>			
Start Date		End date	
End Date			
Address			
			Postcode
<b>Additional Employer / previous employment (please specify)</b>			
Start Date		End date	
End Date			
Address			
			Postcode

Please continue on an additional sheet if necessary

#### 4 - Osteopathic Training

Institution	Awarding Body	Award (e.g. BSc)	Class (e.g. 2:1)	Year

#### 5 - Details of relevant courses/continuing professional development completed since qualification

(Including details of any SCTF accredited course)

Nature of Course	Institutions or individuals involved	Date Completed	Number of Hours

#### 6 - Other academic awards

Institution	Subject	Award (e.g. BSc)	Class (e.g. 2:1)	Year

#### 7 – Availability

**DPO Applications: Please indicate the day(s) of the week you will be available:**

First preference: \_\_\_\_\_  
 Second preference: \_\_\_\_\_  
 Third preference: \_\_\_\_\_

Interviews will take place in July

**DPO Flexible Route - If you wish to be considered for the flexible route please state your reasons here. There are limited places for this option.**

**APO Applications: please confirm you will be available on Mondays, and whether you could attend on other days:**

Monday: \_\_\_\_\_  
 First alternative: \_\_\_\_\_  
 Second alternative: \_\_\_\_\_

Interviews will take place in March

## 8 – References – two people who will complete your reference forms

Your references should include at least one referee who can comment on your clinical practice (former clinical tutor or practice principal) and ideally either an additional osteopathic reference or an academic referee.

Referee 1	
Title	Name
Address	
Postcode	Phone no.
Email	
Referee 2	
Title	Name
Address	
Postcode	Phone no.
Email	

## 9 – Special Requirements

**Do you have any learning difficulty or difference, physical or sensory disability which may affect your studies or may require special facilities or treatment?**

Information about any disability, specific needs or medical condition will not be considered when we decide your suitability for the course. We ask this to plan and help us make any reasonable adjustments which may be necessary (e.g. special arrangements can be made for dyslexic students in the examination process).

Yes (please give brief details)                       No

## 10 – Criminal Convictions

**Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?**

Yes                       No

If 'yes', please supply details on a separate sheet in a sealed envelope marked 'confidential' and send with this application. A criminal record will not necessarily be a bar to enrolment on the DPO/APO.

**Important Information:**  
If your application is successful you will be required to apply for an 'Enhanced Disclosure' with Lists from the Disclosure and Barring Service (DBS). Further information can be obtained from <https://www.gov.uk/disclosure-barring-service-check>

## 11 – Additional information

Please give any additional information that might be relevant including your reasons for applying for admission to the Diploma in Paediatric Osteopathy; please include a description of your osteopathic development leading up to your decision to apply.

## 12 – Keeping you informed

Thank you for your interest in our postgraduate training. As well as corresponding with you about your application and the course you are applying for, we'd love to keep in touch with you about our wider work.

As a small charity, we'd prefer to use **email** as it is a cost-effective way to communicate. We promise only to contact you occasionally, and only when we're sure that what we're telling you will be of interest.

Your details are safe with us – we will never sell your details to any third party. For our full data protection policy, go to [www.occ.uk.com/PrivacyPolicy](http://www.occ.uk.com/PrivacyPolicy). You can change your consent preferences at any time by emailing [yourdata@fpo.org.uk](mailto:yourdata@fpo.org.uk) or calling 020 8875 5290.

Please let us know if you're happy to receive information about:

- |                      |                          |
|----------------------|--------------------------|
| CPD and conferences  | <input type="checkbox"/> |
| OCC events and news  | <input type="checkbox"/> |
| Ways to get involved | <input type="checkbox"/> |

## 13 – Checklist (please tick)

- Completed application form
- Two references in sealed envelopes OR  sent separately
- Transcription of grades and degree certificate
- 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\*
- An Enhanced Disclosure (with lists) check from the Disclosure and Barring Service (DBS)  
OR  will send once received OR  will need to apply for DBS check
- £50 application fee (non-refundable)
- For DPO, Observation Visit booked/done prior to the Interview (encouraged for APO applications)
- For DPO, one copy of your SCFT approved cranial course certificate  
OR  will send once completed OR  would like to apply for the DPO Access Course

\* If your application is successful, these will be required before the course starts

## 14 – Declaration

I, \_\_\_\_\_ confirm that all the information provided is correct, and agree to the Osteopathic Centre for Children 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 Foundation.

Signature:

Date:

## Next steps

Please return this form, together with your deposit and all necessary documents to:

Until 28 February 2019

Admissions, Osteopathic Centre for Children, 22A Point Pleasant, Wandsworth, London SW18 1GG

From 1 March 2019

Admissions, Osteopathic Centre for Children, CAN Mezzanine, 49-51 East Road, Old Street, London N1 6AH

Registered Charity no. 1003934