

APPLICATION FORM

Please ensure all sections are fully completed

1 – Course applied for: Award in Paediatric Osteopathy

2 – Personal details

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

3 – Osteopathic Employment

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

APO Applications: please confirm your preferred clinic days:

First alternative:

Second alternative:

Third alternative:

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 course.

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/dbs-check-applicant-criminal-record/get-a-standard-or-enhanced-dbs-check-for-an-employee>

11 – Additional information

Please give any additional information that might be relevant including your reasons for applying for admission to this course; 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.

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

- CPD and Conferences
- OCC events and news
- Ways to get involved at any time

Your details are safe with us – we will never sell your details to any third party.

For our full data protection policy, go to <https://www.occ.uk.com/privacy/>.

You can change your consent preferences by emailing enquiries@occ.uk.com or calling 020 8875 5290.

13 – Checklist (please tick)

- Completed application form
- Two references in sealed envelopes OR sent separately
- Transcription of grades and degree certificate
- Copy of your CV
- Copy of your GOsC certificate OR Final Year Student*
- 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)

* 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:

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

For any queries please email educationregistrar@occ.uk.com

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