



# McTimoney College of Chiropractic

## APPLICATION FOR THE FOUNDATION/ACCESS COURSE

SURNAME \_\_\_\_\_ £50 APPLICATION FEE RECEIVED

FIRST NAME(S) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE No. & CODE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

MOBILE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Attach  
a recent  
photograph  
here  
front view  
head and shoulders

**EDUCATION** – please enclose photocopies of qualifications/ certificates. CVs are not acceptable. Please include details of GCSEs, O Levels, AS/A Levels (give subjects and grade), Highers, NVQs, GNVQs, HNCs, HNDs, Degrees, Other Diplomas

School/College/University Attended	From	To	Qualifications Obtained

**PLEASE STATE THE LEVEL TO WHICH YOU HAVE STUDIED BIOLOGICAL SCIENCES (eg Human Biology, Anatomy, Physiology).** Where this qualification is other than A Level Biology, please give details of the length of the course (number of hours of study) and enclose a copy of the detailed syllabus.

PLEASE INDICATE TO WHAT LEVEL YOU HAVE STUDIED THE FOLLOWING: *(tick appropriate box)*

	<b>GCSE/O level/NVQ 2</b>	<b>A/AS/NVQ 3 <i>(give grade)</i></b>	<b>Degree</b>	<b>Other <i>(specify)</i></b>
<b>Chemistry</b>				
<b>Physics</b>				
<b>Maths</b>				

**OTHER RELEVANT COURSES ATTENDED**

**CURRENT WORK RECORD**

<b>Name of Employer</b>	<b>Nature of Business</b>	<b>Position</b>	<b>From</b>	<b>To</b>

**Current Salary:** £ \_\_\_\_\_ pa. *(If you are paid hourly, please give your annual earnings in the previous year and estimate the current year.)*

**WHY HAVE YOU CHOSEN TO DO THIS ACCESS/PRE-CHIROPRACTIC-COURSE?**

**WHY HAVE YOU APPLIED SPECIFICALLY TO THE MCTIMONEY COLLEGE?**

**HAVE YOU APPLIED/HAVE YOU CONSIDERED APPLYING TO ANY OTHER COURSES (CHIROPRACTIC OR OTHER MANIPULATIVE THERAPY)?**

**HOW DID YOU HEAR ABOUT THE MCTIMONEY COLLEGE OF CHIROPRACTIC?**

PLEASE GIVE THE NAME OF ANY CHIROPRACTOR / STUDENT YOU KNOW AND IN WHAT CONTEXT

HAVE YOU EXPERIENCED A CHIROPRACTIC TREATMENT?

Yes

No

HAVE YOU EXPERIENCED A MCTIMONEY CHIROPRACTIC TREATMENT?

Yes

No

**WE REQUIRE 2 REFERENCES; ONE PROFESSIONAL AND ONE PERSONAL/CHARACTER**

(i) ..... (ii) .....  
.....  
.....  
.....

**CHARACTER**

IF YOU HAVE ANY CRIMINAL CONVICTIONS, YOU SHOULD DECLARE THEM BELOW:

**HEALTH**

IF YOU HAVE ANY HEALTH PROBLEMS, YOU SHOULD DECLARE THEM BELOW:

THE COLLEGE RESERVES THE RIGHT TO SELECT OR REJECT ANY APPLICANT AND WILL NOT ENTER INTO ANY CORRESPONDENCE RELATING TO THE DECISION. THIS APPLICATION FORM DOES NOT AUTOMATICALLY CONFER THE RIGHT TO ENTER THE CHIROPRACTIC COURSE BUT DOES GUARANTEE AN INTERVIEW.

**DECLARATION**

I confirm that to the best of my knowledge the information on this form is correct.

Applicant's signature .....

Date .....