



McTimoney College of Chiropractic

APPLICATION FOR MSc CHIROPRACTIC (PAEDIATRICS)

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.

Chiropractic College Attended	From	To	Qualifications Obtained

Project/Dissertation/Research area	Level	Summary

OTHER RELEVANT COURSES ATTENDED

WHAT EXPERIENCE DO YOU HAVE OF TREATING CHILDREN?

HAVE YOU CONSIDERED ANY OTHER CHIROPRACTIC PAEDIATRIC COURSES? IF SO, WHICH?

**DO YOU HAVE ANY DISABILITIES, VISUAL, HEARING OR PHYSICAL IMPAIRMENT
(e.g. DYSLEXIA)?**

IF YOU ARE DYSLEXIC, DO YOU HAVE AN EDUCATIONAL PSYCHOLOGISTS REPORT?

CAN YOU MEET THE COURSE FEES FROM YOUR OWN RESOURCES?

Yes

No

If not, how do you intend to fund your fees?

**IF APPLYING AS A CREDIT TRANSFER STUDENT, PLEASE INDICATE WHICH MODULES HAVE BEEN
PREVIOUSLY COMPLETED.**

PLEASE PROVIDE YOUR REGISTRATION NUMBER AND THE CONTACT DETAILS OF THE GOVERNING BODY WITH WHOM YOU ARE REGISTERED:

WE REQUIRE 2 REFERENCES; ONE PROFESSIONAL AND ONE PERSONAL

(i)	(ii)
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Are there any other comments you would like to add in support of your application for this course? Please use separate sheet if required.

THE COLLEGE RESERVES THE RIGHT TO SELECT OR REJECT ANY APPLICANT AND WILL NOT ENTER INTO ANY CORRESPONDENCE RELATING TO THE DECISION.

DECLARATION

I confirm that to the best of my knowledge the information on this form is correct, and I enclose £50 non-refundable Application Fee together with copies of my qualifications.

Applicant's signature

Date