



**APPLICATION FOR ANIMAL MANIPULATION TRAINING  
OSTEOPATHIC PATHWAY**

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, Highers, NVQs, GNVQs, HNCs, HNDs, Other Diplomas

Osteopathic College Attended	From	To	Qualifications Obtained

Project/Dissertation/Research area	Level	Summary

**GIVE DETAILS OF BHS OR PONY CLUB QUALIFICATIONS HELD**

LEVEL	DATE OF QUALIFICATION

**OTHER RELEVANT COURSES ATTENDED**

**WORK RECORD – start with current employment**

Name of Employer	Nature of Business	Position	From	To

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

**GIVE DETAILS OF ANY OTHER RELEVANT WORK OR VOLUNTARY EXPERIENCE**

**HAVE YOU SEEN AN OSTEOPATHIC ANIMAL TREATMENT?**

Yes  No

If YES, give details of practitioner and date of observation.

**WHAT EXPERIENCE DO YOU HAVE HANDLING DOGS / COWS / HORSES?**

**OTHER INTERESTS APART FROM THOSE DIRECTLY RELATED TO WORK AND STUDIES**

**WHY DO YOU WANT TO TRAIN AS A OSTEOPATHIC ANIMAL MANIPULATOR?**

**HOW DID YOU HEAR ABOUT MCTIMONEY COLLEGE?**

**HAVE YOU CONSIDERED ANY OTHER ANIMAL MANIPULATION COURSES? IF SO, WHICH?**

**HOW WILL YOU MANAGE YOUR FAMILY AND/OR WORK COMMITMENTS DURING THE COURSE?**

**IT IS ILLEGAL TO TREAT AN ANIMAL WITHOUT VETERINARY APPROVAL. WHAT ARE YOUR VIEWS ON THIS?**

**CAN YOU MEET THE COURSE FEES FROM YOUR OWN RESOURCES?**

**Yes**

**No**

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

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

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

**HEALTH**

**Please complete the health declaration form on the following page.**

## STUDENT HEALTH DECLARATION FORM

Do you suffer from any of the following? If so give details:

<b>High blood pressure</b>
<b>Epilepsy</b>
<b>Diabetes</b>
<b>Thyroid problems</b>
<b>Chronic neck pain</b>
<b>Chronic back pain</b>
<b>Any bone/joint illness or injury</b>
<b>Give dates and details of all major illnesses, including mental illness</b> <i>(excluding childhood diseases, but including any pregnancy problems)</i>
<b>Do you have a previous history of cancer?</b> <b>If yes, please give dates and details:</b>
<b>Please give details of any long term treatment or medication</b> <i>(orthodox or complementary)</i>
<b>Are you dyslexic? If yes, do you have an educational psychologist's report?</b>

*If there are other comments you would like to add in support of your application for this course, please continue on a separate sheet.*

**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 .....