



McTimoney College of Chiropractic

Application for MSc Chiropractic (Small Animal) Training

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

Chiropractic College Attended	From	To	Qualifications Obtained

Project/Dissertation/Research area	Level	Summary

GIVE DETAILS OF ANY OTHER QUALIFICATION HELD

LEVEL	DATE OF QUALIFICATION

GIVE DETAILS OF ANY RELEVANT ANIMAL COURSES ATTENDED

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 A MCTIMONEY ANIMAL CHIROPRACTIC TREATMENT?

Yes

No

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

WHAT EXPERIENCE DO YOU HAVE HANDLING CANINES / FELINES / AVIANS?

OTHER INTERESTS APART FROM THOSE DIRECTLY RELATED TO WORK AND STUDIES

WHY DO YOU WANT TO TRAIN AS A MCTIMONEY SMALL ANIMAL CHIROPRACTOR?

HOW DID YOU HEAR ABOUT THE MCTIMONEY COLLEGE OF CHIROPRACTIC?

HAVE YOU CONSIDERED ANY OTHER ANIMAL CHIROPRACTIC 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:

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

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 re-fundable Application Fee together with copies of my qualifications.

Applicant's signature

Date