



*In Manu Vis
Medendi*

McTimoney College

APPLICATION FORM

PATHWAY TO H.E. CERTIFICATE IN HEALTH

Please complete this form in black ink and in block capitals.

£50 APPLICATION FEE ENCLOSED (PLEASE MAKE CHEQUES PAYABLE TO MCC)

TITLE _____

SURNAME _____

FORENAME(S) _____

DATE OF BIRTH _____

NATIONALITY _____

PERMANENT ADDRESS _____

POSTCODE _____

TELEPHONE: 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)

| | GCSE/O level/NVQ 2 | A/AS/NVQ 3 (give grade) | Degree | Other (specify) |
|------------------|--------------------|----------------------------|--------|-----------------|
| Chemistry | | | | |
| Physics | | | | |
| Maths | | | | |

OTHER RELEVANT COURSES ATTENDED

CURRENT WORK RECORD

| 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:

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)?

OTHER INTERESTS APART FROM THOSE DIRECTLY RELATED TO WORK AND STUDIES

HOW DID YOU HEAR ABOUT THE MCTIMONEY COLLEGE?

WEBSITE

FAMILY/FRIEND RECOMMENDATION

ADVERTISEMENT

OTHER _____

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

HAVE YOU EXPERIENCED CHIROPRACTIC ?

Yes **No**

HAVE YOU EXPERIENCED MCTIMONEY CHIROPRACTIC ?

Yes **No**

**WE REQUIRE 2 REFERENCES; ONE PROFESSIONAL AND ONE PERSONAL/CHARACTER
****PLEASE ATTACH TO APPLICATION******

(i) NAME (ii) NAME

CHARACTER

If you have any criminal convictions, you should declare them below:
(College staff will discuss any implications with you at interview)

ELIGIBILITY TO STUDY IN THE UK

DO YOU HOLD A CURRENT UK PASSPORT?

YES

NO

IF NO:

DO YOU HOLD A VALID VISA TO STUDY IN THE UK?

YES

NO

***PLEASE ENCLOSE A COLOUR COPY OF YOUR PASSPORT/VISA WITH
THIS APPLICATION FORM***

**FAILURE TO FULLY COMPLETE THIS APPLICATION WILL RESULT IN
A DELAY IN PROCESSING. PLEASE REVIEW CAREFULLY TO INSURE
THAT YOU HAVE INCLUDED ALL INFORMATION.**

ETHNIC ORIGIN:

PLEASE FILL IN THE FOLLOWING. ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.

WHITE

MIXED RACE

ASIAN OR ASIAN BRITISH

BLACK OR BLACK BRITISH

CHINESE

OTHER PLEASE SPECIFY _____

PREFER NOT TO SAY

HEALTH

PLEASE COMPLETE THE HEALTH DECLARATION FORM ON THE FOLLOWING PAGE. ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.

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 <i>(excluding childhood diseases, but including any pregnancy problems)</i> |
| Do you have a previous history of cancer, mental illness? 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? (Please include with your application) |

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 a £50 non re-fundable Application Fee together with copies of my qualifications. Please make cheques payable to MCC.

Applicant's signature

Date