College of Integrated Chinese Medicine

Application form for Obstetrics and Gynaecology

|  |  |
| --- | --- |
| Surname | First names |
| Age | Date of birthGender at birth | Preferred pronounGender identity if different from birthPreferred pronoun | Nationality |
| Home address | Current work Please give a brief description | Please supply **one** passport-sized photos of yourself. |
| Phone home  mobile | Email |

**Details of acupuncture training including certificate(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Where attended | From | To | Subject | Qualifications |

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| **Please give a short bio of what you would like from the course and how long you have been in practice.** |

 Please include a copy of your **passport** with your application

Scan and email me your application Jobrown@cicm.org.uk

