Student Application Form please complete in block capitals				
Student name:				
Address:				
Contact telephone numbers				
Mobile:				
Home:				
Work:				
Email:				
Date of birth:		required for security purposes		
Profession:				
Are you an Undergraduate □ or Postgraduate □? Please tick A postgraduate will have a certified knowledge of anatomy, physiology and pathology				
Professional & Academic Qualifi	ications:			
Course Centre: COR Please tick your chosen course centre	RK GALWAY DUBLIN G			
Please tick the course you ☐ Na are applying for. ☐ Fig.	utritional Therapy Diploma aturopathic Nutrition Certificate eld to Fork estern Herbs Certificate			

1. Have you attended an ICIM Open Evening/Day or Seminar? Please tick appropriate boxes				
	YES 🗆	NO 🗆		
2. Have you already studied or practiced any complementary medicine or therapy?				
	YES 🗆	NO 🗆		
3. If yes, please state what you were studying/practicing and where;				
4. Please write one paragraph e	explaining why	you want to do the	chosen course and what	
you want to gain from doing it;				
5. Please state the number of home study hours that you are expecting to do each week				
with your chosen course;				
6. ICIM requires 100% lecture attendance. Do you still want to commit to your chosen				
course?		,		
	YES 🗆	NO □		
I wish to apply for the above stated course with the ICIM				
24 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Data		
Student signature		Date		
To apply for a place on your chosen cou along with a €300 enrolment fee to: Reg				
We will let you know if you have been accepted on the course within five working days of receiving your application. If your place is not accepted immediately, it could be for a number of reasons and you will be offered an interview to discuss your application in more detail. If your application is unsuccessful, your enrolment fee will be refunded in full.				
FOR ICIM DIRECTOR OF REGISTRATION ONLY				
Student application accepted □ Student application rejected □				
Rejection reasons:				