



Middlesex University

The Centre for Homeopathic Education

Application Form

CONFIDENTIAL



Name

Date of Birth

Age in years

Place of Birth

Ethnicity

Gender M F

please circle

Address Postcode

Tel. Nos. Home Work Mobile E-mail

Which course are you applying for? Please tick

BSc Hom Full Time

BSc Hom Part-Time

Licentiate Part-time

Occupation

Qualifications

Achievements: Personal and Professional

Lined writing area for achievements.

Your reasons for choosing the course, and why you want to study homeopathy

Lined writing area for reasons for choosing the course.

Declaration

Any statements on this form which prove to be untrue or purposely misleading will cause the application to be cancelled.

I confirm that the information given in this form is true, complete and accurate. I consent to the processing of this data by the Centre for Homeopathic Education for educational purposes under the provision of the 1988 Data Protection Act.

Applicant's signature

Date

Please return this completed application form to:

The Administrator

The Centre for Homeopathic Education

88 Kingsway

Holborn

London WC2B 6AA

Tel./Fax: (020) 7745 7230

E-mail: info@homeopathycollege.org

www.homeopathycollege.org

For Official Use:

Date of Interview: _____ Interviewer: _____

Identification Provided: _____ Passport or _____ NI Document

Further action required: