



# College of Non-Musculoskeletal Osteopathy Application Form 2023-2024

PLEASE ENSURE YOU DOWNLOAD AND READ THE STUDENT AGREEMENT, AS THIS WILL NEED TO BE SIGNED PRIOR TO ENROLLMENT. PLEASE TICK THAT YOU HAVE READ AND COMPLETED THE STUDENT AGREEMENT. **YES**

ALL FEES ARE REQUIRED TO BE PAID IN ADVANCE, UNLESS YOU HAVE A PAYMENT ARRANGEMENT.

PLEASE ENSURE YOU DOWNLOAD AND FAMILIARISE YOURSELF WITH THE ZOOM MEETING AND THE CLINICAL / PRACTICAL SCHEDULE DATES, IF APPLICABLE, TO ENSURE YOU CAN MAKE YOURSELF FREE ACCORDINGLY.

## PERSONAL AND CONTACT DETAILS

Ms  Miss  Mrs  Mr  Dr  Other: \_\_\_\_\_

Family Name/Surname: \_\_\_\_\_

Given/First Name(s): \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male  Female

Work Address (or place of study if final year student):  
\_\_\_\_\_

Town/City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Postal Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Are you registered with a statutory body or association?\_

YES / NO (PLEASE COMPLETE, ALTHOUGH GOSC REGISTRATION IS NOT REQUIRED TO ENTER THE PATHWAY).

Their details:\_\_\_\_\_

Your registration number.\_\_\_\_\_

If a student – please give your student number:\_\_\_\_\_

What are your primary osteopathic professional qualification(s)?

\_\_\_\_\_  
\_\_\_\_\_

What has been your exposure to women’s health / visceral / paed’s practice to date, or what is your interest in the course you have chosen?– please briefly describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which Course Pathway – indicate which pathway you want to apply for,

- 1) ADVANCED CERTIFICATION IN COMPLEX PELVIC PAIN AND INTERNALWORK **YES / NO**

Please ensure you have current experience of women’s health practice before applying for the Certification.

- 2) BRISTOL WOMEN’S HEALTH DIPLOMA – year one **YES / NO**

No experience is required for year one of the Diploma pathway

- 3) BRISTOL WOMENS HEALTH DIPLOMA – YEAR TWO – DIRECT ENTRY (you must have prior women’s health training / experience) **YES / NO**  
4) THE MOTHER AND BABY CERTIFICATE – EDUBURGH **YES / NO**  
5) THE OSTEOPATHIC CONCEPTS DIPLOMA **YES / NO**  
6) THE BRISTOL PAEDS CERTIFICATE **YES / NO**  
7) THE VISCERAL OSTEOPATHY CERTIFICATE **YES / NO**

DO YOU HAVE ANY SPECIAL LEARNING NEEDS / OTHER FACTORS THAT WE SHOULD BE AWARE OF, OR OTHER RELEVANT INFORMATION TO YOUR STUDENT APPLICATION AND PROGRESSION? **Yes / No** – if yes, we will discuss this with you separately. PLEASE READ THE PRIVACY AND DATA PROTECTION POLICIES BEFORE SENDING IN THIS FORM. ALL CANDIDATES SHOULD PLEASE SUPPLY ONE CHARACTER REFERENCE (see form below, regardless of qualification applied for)

I.....wish to apply for the above programme.

Signed.....

Date:



College of  
Non Musculoskeletal  
Osteopathy

## CERTIFICATE OF GOOD CHARACTER

Please send this separately to your referee and get them to send directly to the College on  
**admin@cnmo.co.uk**

**Referee to complete this section:**

I hereby certify that I have known

\_\_\_\_\_

(applicant's name)

for \_\_\_\_\_ years.

Please comment on your knowledge of the applicant AND INCLUDE reference to the applicant's character,  
skillset and any other matters you consider recommends them for their chosen programme.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to supply additional information to the College if required.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Occupation/Position of Responsibility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (work or home): \_\_\_\_\_

Email: \_\_\_\_\_