



College of Non Musculoskeletal Osteopathy Application Form 2024-2025

For Certificate, Diploma or Collegiate Pathways.

PLEASE ENSURE YOU DOWNLOAD AND READ THE STUDENT AGREEMENT, AS THIS WILL NEED TO BE SIGNED PRIOR TO ENROLMENT.

YOU WILL NEED TO SIGN A FINANCE STATEMENT OUTLINING HOW YOU WILL BE PAYING YOUR FEES. IF PAID IN FULL IN ADVANCE THIS IS NOT NECESSARY.

IF YOU NEGOTIATE A FINANCIAL PLAN TO PAY, THIS WILL BE PERSONALISED TO YOU. ALL FEES MUST BE PAID PRIOR TO ASSESSMENTS BEING GRADED AND ANY QUALIFICATION AWARDED.

PLEASE ENSURE YOU DOWNLOAD AND FAMILIARISE YOURSELF WITH THE ZOOM MEETING AND THE CLINICAL / PRACTICAL SCHEDULE DATES, 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 / paediatric practice to date – please briefly describe:

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

ADVANCED CERTIFICATION IN COMPLEX PELVIC PAIN AND INTERNALWORK

Long programmes:

Certificate – Pediatrics

Certificate – Women’s Health

Certificate - Mother and Baby

Certificate - Visceral and Systemic

Certificate Traditional Osteopathic Concepts

Diploma – Paediatrics

Diploma – Women’s Health

Diploma - Mother and Baby

Diploma - Visceral and Systemic

APEL – this is currently available on the Paeds Pathway and the Women’s Health Pathways Only, and represents a 50% course allowance.

Current programmes / qualifications from other providers that meet the APEL requirements:

Women's Health – Molinari Institute of Health WH Diploma.

OCC – Paeds Diploma.

Please enquire if you have current experience of paediatrics or women's health practice, but no qualification, that you would like the College to consider instead.

If your qualification or learning experience is not listed here, for example it is an overseas (non UK programme) it may still be appropriate for APEL into the Diploma (year 2) – please contact us. If we need to do a full document review to look at your curriculum and experience, there is a £100 fee for this. It may be sufficient to send us the programme handbook / learning objectives / etc details. Please contact the College to discuss.

DO YOU HAVE ANY SPECIAL LEARNING NEEDS THAT WE SHOULD BE AWARE OF, OR OTHER RELEVANT INFORMATION TO YOUR STUDENT 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.

FOR COLLEGIATE PROGRAMME APPLICANTS ONLY – PLEASE COMPLETE THE PROFESSIONAL STATEMENT IN SUPPORT OF YOUR APPLICATION (see end).

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:

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: _____

PROFESSIONAL STATEMENT – APPLICANTS TO THE COLLEGIATE PROGRAMME ONLY.

Name:.....

Which Collegiate Programme are you applying for? Women’s Health or, Mother and Infant.

PERSONAL PROFESSIONAL STATEMENT:

Please indicate in your own words your professional journey, your strengths and weaknesses in this particular field of care, what you hope to gain from the programme, and what you may be able to contribute. Include what has motivated you to apply and how you feel you wish to develop your professional practice in this field of care. 1500 words max, please use an additional page as required.

Response: