



# College of Non Musculoskeletal Osteopathy Application Form 2022-2023

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

ALL FEES ARE REQUIRED TO BE PAID IN ADVANCE. THERE IS A NO REFUND POLICY.

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)?**

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**What is your osteopathy background and what are you hoping to gain from your course – please briefly describe:**

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**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) **ISRAELI MOTHER AND BABY PROGRAMME** **YES / NO**

3) **VISCERAL AND SYSTEMIC DIPLOMA** **YES / NO**

4) **CONCEPTS OF OSTEOPATHY DIPLOMA** **YES / NO**

5) **BRISTOL MATERNAL AND INFANT CERTIFICATE** **YES / NO**

6) **PAEDIATRICS CERTIFICATE**

**No experience is required for the Diploma pathway.**

**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: \_\_\_\_\_