



Inspiring health  
and wellbeing



## Diploma in Integrative Medicine Application Form

Learners applying to this programme are required to:

- Meet the entry criteria with a relevant first academic degree, normally a Bachelor degree or equivalent and be a statutory qualified health care practitioner in their country of origin
- Commit to pay the fees involved which equate to: 4,750GBP per annum, the total duration of the course being over a 2-year duration and fees totalling to 9,500GBP.
- Understand that a refund is returnable under appropriate circumstances and upon agreement with the Academic Director. Upon agreement, a 10% deduction of overall fees paid will remain with the Portland Centre for Integrative Medicine. The enrolment fee of 200GBP is non-refundable.
- Complete and sign this application form

Should you require any further clarification/assistance in completing this application please contact: [patti.aberhart@portlandcentrehealthcare.co.uk](mailto:patti.aberhart@portlandcentrehealthcare.co.uk)

### PERSONAL DETAILS

Surname/Family Name  
(BLOCK CAPITALS)

First/Given Name  
(BLOCK CAPITALS)

*Title (e.g. Mr Mrs Miss Dr. etc.)*

Date of Birth (DD/MM/YYYY)

Place and Country of Birth

Nationality & Gender (male/female)

Passport Number (please include a photocopy of your passport - identity page)

**CORRESPONDENCE DETAILS**

Address (House name/number & street name)  
(BLOCK CAPITALS)

Town/Postcode/ zip code

County/province/state and Country

Telephone Number

Mobile Telephone Number

Email Address

**DESCRIPTION OF YOUR CURRENT ROLE**

Job title

From (Month/Year)

Responsibilities (please expand box if required)

## EDUCATION AND ACADEMIC HISTORY

Qualifications obtained from tertiary education e.g. Colleges and Universities.

Please **list highest qualification first** and **include scanned copies of your certificates** with your application

Expand box if required

College or University	Course	Qualification type and grades obtained	Dates From and to

## PROFESSIONAL, TECHNICAL OR MANAGEMENT QUALIFICATIONS

Please give details & **include scanned copies** of your certificates with your application

Professional/Technical/ Management Qualifications	Course Details
<b>Membership of any Professional / Technical Associations- Please state level of Membership:</b>	

## TRAINING AND DEVELOPMENT

Please give details of any training and development courses (also non-accredited) which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

## YOUR CURRENT SITUATION

As a blended online and face-to-face programme, you will need regular access to materials and the virtual learning environment. This requires a computer with at least the specification detailed here: <http://www.crossfieldsinstitute.com/resources/minimum-requirements-vle/>

It is useful to understand whether your current situation at home or work allows you the space, equipment and skills required to participate fully in the programme. For example, do you have access to a quiet space at home to attend online seminars? do you have access to high speed internet?

**LANGUAGE SKILLS AND QUALIFICATIONS**

If your first language is NOT English, it is recommended that you complete an English Language test (<http://takeielts.britishcouncil.org/prepare-test/free-practice-tests>). The minimum score for IELTS (<https://www.ielts.org/>) is 6.5 and 600 for TOEFL (<https://www.ets.org/toefl/>)

**SUPPORTING STATEMENT**

Please describe your interest in this course and your own organisation/work environment. Refer to the course outline and the relevance to your current organisation, role(s), curiosity, and challenges.

This might include: current challenges in your working role; the impact you seek to make to your organisation or field; your curiosity and passion about integrative medicine, leadership and healthcare transformation; your hopes and concerns for the future of your organisation or field. If you have an idea already of a project you would like to undertake as part of the diploma please describe below (Continue on a separate sheet or expand box to suit)

## FUNDING

Please give details about your proposed means of financial support.

If you are sponsored by your employer, please provide a statement from your line manager on letter-headed paper to confirm the arrangement.

- Sponsored by employer (full/part)**
- Self funded**
- Sponsored through a grant (body) through a charitable organisation**
- Other sponsorship (please give details)**

## DISABILITY DISCRIMINATION ACT

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

**Do you have a disability which is relevant to your application?**      Yes No

If yes, please give details

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

**Do we need to make any specific arrangements in order for you to complete the course of study?**      Yes      No

If yes, please give details:

Do you have any health concerns that we should know about that may impact your study?

How did you hear about the course?

**Do you agree to this information being passed on to our Programme Director who will then contact you?      Yes      No**

Date: ..... Signature: .....

Please also print name: .....

*Please return this form by email to: [patti.aberhart@portlandcentrehealthcare.co.uk](mailto:patti.aberhart@portlandcentrehealthcare.co.uk) or send hard copy to IM Diploma Administrator Rodney House 2 Portland Street BS8 4AL*