|  |  |
| --- | --- |
| A drawing of a person  Description automatically generated | British Academy of Western Medical Acupuncture |

# Course Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date of Birth: |  |
|  | FIRST | LAST | TITLE |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |
| --- | --- | --- |
| Are you a UK Resident? | YES | NO |

## Education

|  |  |
| --- | --- |
| QUALIFICATIONS and UNIVERSITY |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | To: |  |
| From |  | To |  |

|  |  |
| --- | --- |
| Other: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | To: |  |

## Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  |  |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Self- Employed? |  YES |  NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Current Registration/ Governing Body |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have current access to Patients? | YES | NO |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

PLEASE SEND THIS COMPLETED FORM EITHER:

1. SCANNED AND EMAIL TO j.shanahan65@me.com or
2. BY POST TO: **BAWMA ADMIN OFFICE**. **94 CRESCENT ROAD, WALTON, LIVERPOOL, L9 2AR**