****

**Application to the Postgraduate Diploma in Osteopathy**

|  |
| --- |
| **Personal Details** |
|

|  |  |
| --- | --- |
| Title: |  |
| Forename (s): |  |
| Surname: |  |
| Previous Surname: |  |
| Preferred First Name: |  |

 |
| Address:  |
| Country: |
| Mobile:  |
| Date of Birth: |  |
| Gender: |  |
| Area of Permanent Residence:  |   |
| Residential Category:(e.g. EU National) |   |
| \*Disability/Special Needs (including dyslexia or another learning difficulty): |   |
| Country of Birth: |   |
| Nationality: |   |
| Dual Nationality: |   |
| Student Visa Required: |   |

\*The ESO welcomes students with disabilities and will try to meet your learning needs wherever possible. The information you give here will help us do this.

|  |  |
| --- | --- |
| Passport Number: |   |
| Passport Expiry Date: |   |
| Passport Issue Date:  |   |

|  |
| --- |
| Education |
| Establishment | From Date (month/year)To Date (month/year) | Qualifications obtained | Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Professional Training (e.g. as a Physiotherapist) |
| Establishment | From Date (month/year)To Date (month/year) | Qualifications obtained | Year |
|  |  |  |  |
|  |  |  |  |
| Work / Employment History |
| **Present or most recent work** |
| Business name and address: |  |
| Position held (owner / employee): |
| Period of work: |

|  |
| --- |
| Personal Statement |
|  |

|  |
| --- |
| Reference |
| Please give details of one employer whom we may approach. **This should be your present or most recent employer**. If you are unable to provide an employer referee, please give details of an Academic or Professional referee. |
| **Referee** **(current or most recent employer)** |
| Name: |
| Organisation: |
| Address: |
| How long have you known this person and in what capacity? |
| E-mail: |
| Tel: |

|  |
| --- |
| Declaration |
| Providing false or misleading information on this application form will disqualify you from being enrolled on the Postgraduate Diploma or, if being already enrolled, your enrolment will be terminated with immediate effect. I hereby declare that to the best of my belief, the information included on this application form is true and correct. |
| Signature: |  | Date: |  |

**Please return this completed form to Dorte Herrmann (ESO Denmark Programme Manager) at** [**dorteherrmann@eso.ac.uk**](file:///C%3A%5CUsers%5Cmleach%5CDownloads%5Cdorteherrmann%40eso.ac.uk)**.**