



# Manchester Academy of Traditional Chinese Medicine

## Application form for CPD Courses



### Personal Details

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
Town / City \_\_\_\_\_  
County \_\_\_\_\_ Postcode \_\_\_\_\_  
Email \_\_\_\_\_  
Contact No. \_\_\_\_\_

### Course Applied For

Course Name \_\_\_\_\_  
Date(s) of Course \_\_\_\_\_  
Venue \_\_\_\_\_  
No of Course Days 1 Day  2 Day  (Select One)  
Can M.A.T.C.M. contact you about other courses? Yes  No  (Select One)

### Payment Details

Payment by Paypal  Cheque  BACS  (Select One)  
Applying for Early Bird Discount? Yes  No  (Select One)  
Course Cost Paid £ \_\_\_\_\_ (See Web for Details)

Please contact us if paying by BACS  
If paying by Cheque please make payable to M.A.T.C.M.  
Send to 52-54 Washway Road, Sale, Cheshire M33 7QZ

### Profession

Profession \_\_\_\_\_  
Specialism 1 \_\_\_\_\_  
Specialism 2 \_\_\_\_\_

### Current Employment

Company \_\_\_\_\_  
Job Title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

### Professional Qualifications

University \_\_\_\_\_  
Degree \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
College \_\_\_\_\_  
Course \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Other \_\_\_\_\_  
Course \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

### Disclaimer & Signature

I confirm I have read the cancellation policy (under FAQ on website) and made course payment.  
I confirm I have current professional indemnity insurance

Signature \_\_\_\_\_