



Application No	
ID	
Course	
Agent	
Fee Status	

Application for Post Graduate Studies (Taught)

Please return to:
 Manchester Academy of Traditional Chinese Medicine (MATCM)
 52-54 Washway Road
 Sale, Manchester M33 7QZ
 U.K.

Phone: 0161 465 1150
 Email: info@matcm.co.uk
 Web: www.matcm.co.uk

1 Personal Details – Please complete this section in BLOCK CAPITALS

Title (Mr/Mrs/Miss/Ms/Dr)	Surname / Family Name	First/Given Names	Gender (M/F)
Previous Surname (if applicable)		Date of Birth DD/MM/YYYY	<input type="text"/>
Postal Address for Correspondence		Postal Address (if different to correspondence address)	
_____		_____	
_____		_____	
City _____ Postcode _____		City _____ Postcode _____	
Country _____		Country _____	
Telephone Number _____		Telephone Number _____	
Email Address	<input type="text"/>		
Disability/special needs (including dyslexia/medical conditions) _____			

2 Programme you wish to apply for

Name of Programme	Qualification (e.g. PgCert/PgDip)	Mode of study (part-time/distance learning)	Month of entry	Year of entry

3 Fee status information

Nationality (if dual, give both)	Country of permanent residence			
Country of birth	Date of first entry to UK DD/MM/YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number				
Place of Issue	Issue Date	Expiration date		

4 Academic History/Qualifications – please continue on a separate sheet if necessary
You will need to attach evidence of study (e.g. photocopies of certificates or transcript)

Name and address of University/College/ Awarding body	Dates of Attendance		Title of qualification	Subject Studied
	From	To		

5 English language

Is English your first language Yes No

If English is not your first language you will need to attach details of your English language qualifications with results obtained and the date you took the test or will be taking the test. Please complete the following table and attach copies of all certificates:

Name of English language qualification	Awarding body/College/University	Date qualification obtained/date you are taking the qualification	Results

6 Work experience (continue on a separate sheet if necessary)

Name and address of Employer	Dates		Position held and brief description of role
	From	To	

7 Referees

Name	Name
Position/Relationship to applicant	Position/Relationship to applicant
Address	Address
Telephone	Telephone
Email	Email

8 Personal statement in support of your application (you may attach a separate sheet if preferred)

9 Finance

Payments : Manchester Academy of Traditional Chinese Medicine Ltd
Sort code: 20-82-13 Account Number: 73564827

Deposit Quarterly instalments In full up front

Record of payments received

Date	Amount

10 Criminal Convictions

Do you have any criminal convictions Yes No

11 Declaration

I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate and no information requested or other material information has been omitted. I give my consent to the processing of my data by MATCM. I understand that any offer of a place on the programme I have applied for is subject to my acceptance of MATCM's terms and conditions. I accept that if I do not fully comply with these requirements, MATCM reserves the right to cancel my application and I shall have no claim against MATCM in relation to this application.

Signed:

Date:

Please send your completed application form to the MATCM office (address given on the front of this form). Please ensure that the forms you send out for references are also returned to this address.