

APPLICATION FORM

Foundation Diploma in Biodynamic Medicine A One Year Experiential Course

First Name: _____

Surname: _____

Address: _____

_____ Post Code: _____

Email: _____

Tel (home): _____ Mob: _____

Personal Statement

Please write a 1000 word **Personal Statement** including a short resume of your current work and say what you hope to gain from this course. Please return this **Application Form** together with your Personal Statement, full *Curriculum Vitae* with copies of your qualifications and awards, details of 2 Referees, one professional, and two passport sized photographs to IOBM, Quay Cottages, Quay Road, Killala, Co Mayo F26 K0T6. All Applicants will be interviewed.

DECLARATION (please tick)

_____ I declare that the information given above is true to the best of my knowledge & belief

_____ I understand the time and financial commitments of this course and I can meet them

_____ I would like to apply for a place on the **Foundation Diploma in Biodynamic Medicine** Course.

Signed: _____ Date: _____

Received on behalf of IOBM Ltd

Signed _____ Date: _____