

APPLICATION FORM

Foundation Diploma in Biodynamic Medicine A One Year Experiential Course

First Name: _____

Surname: _____

Address: _____

_____ Post Code: _____

Email: _____

Tel (home): _____ Mob: _____

ADMISSIONS PROCEDURE

IOBM has a clear **Admissions Policy**. This includes prior attendance at a **One Day Biodynamic Workshop**, held regularly throughout the year. **Book** at: www.biodynamic.org

To Apply for this Course - please type a 1000 word **Personal Statement**; include a short **Resume** of your current work and let us know **What you hope to gain from this Course**.

Please complete and return this **Application Form** together with your Personal Statement; full **Curriculum Vitae**; copies of your **Qualifications** and **Awards**; two **Referees**, one professional; and two passport sized **Photographs**.

Send to: IOBM, Quay Cottages, Quay Road, Killala, Co Mayo, Ireland. F26 K0T6.

All Applicants have two **Interviews** - with the Training Director and Deputy Training Director.

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 hereby apply for a place on the **Foundation Diploma in Biodynamic Medicine** Course.

Signed: _____ Date: _____