



## MASTER'S DEGREE - INTERVIEW FORM

Selma  
Record:

Please complete and send this form to [enrolment@chinesemedicine.ac.nz](mailto:enrolment@chinesemedicine.ac.nz)

Interview Date \_\_/\_\_/\_\_\_\_

Your Date of Birth: \_\_/\_\_/\_\_\_\_

Family  
name:

Given  
names:

Preferred name?

Have you attached evidence of your nationality?

Passport

or Birth certificate

Have you filled in an enrolment form?

Yes

No

Have you ever had any criminal convictions?

Yes

No

Have you completed a Police Check/Vet

Yes

No

English – International students – have you an  
IELTS score of 6.5 no band lower than 6.0

Yes

No

Has your health ever affected your performance  
at work/school? If yes please give details below

Yes

NO

Your current physical  
address:

Email address:

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Name of Qualification: Master of Chinese Medicine:** Full Time ☐ Part time ☐

If successful when would you like to  
start this course:

		Other	
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### Past Study /Experience:

Have you completed a bachelor's degree or equivalent in herbal medicine or acupuncture with the equivalent of 360 credits? No: ☐ Yes: ☐

Please list the previous qualifications you have completed:

Qualification \_\_\_\_\_

Institution \_\_\_\_\_ Years \_\_\_\_\_

Qualification \_\_\_\_\_

Institution \_\_\_\_\_ Years \_\_\_\_\_

Qualification \_\_\_\_\_

Institution \_\_\_\_\_ Years \_\_\_\_\_

Do you wish to apply for Assessment of Prior Learning (APL/RCC)?

No: ☐ Yes: ☐ (please specify):

In which year did you last study? \_\_\_\_\_

Do you require any special learning support? E.g. problems with hearing, vision, dyslexia

No: ☐ Yes ☐ (please specify):

Do you commit to attending the required on campus block courses (2 per semester) for the duration of the programme? Yes: ☐ No: ☐

Please list current professional body registrations:

Please provide a summary of CPD activities over the past 5 years

Please provide a written statement of practice for the past 5 years: eg clinic name and location, dates of practice, approximate hours per week, modalities practised and Annual Practice Certificate.

We want to be sure you have considered the time this course will take, how will you fit - 30 to 40 hours of study per week for the next 18 months if you are applying for the full-time course, or 15-20 hours per week for the next 3 years if you plan to study part time?

How did you hear about our College?

Is there anything you would like to ask or have explained more fully? Yes: ☐ No: ☐

Are you using a student recruitment agent to assist with this application? Yes: ☐ No: ☐

If Yes, please provide your agent's Name: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_ Phone \_\_\_\_\_

Please tick I am aware the NZCCM refund policy is detailed in the prospectus ☐

I have received a copy of the current prospectus ☐

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewers signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Master's degree statement supporting application.**

Please write a short statement about why you want to undertake this master's degree.  
Indicate what you want to achieve personally, professionally, in your practice and for your patients.  
Please use the full space