

BCNH Diploma in Nutrition & Lifestyle Medicine - Application Form



Please complete this form and return it to us by email (admin@bcnh.co.uk) along with a copy of your CV, certified copies of your qualifications and a certified copy of your passport (or other official photo ID). Please complete the form as fully as possible.

1. Personal Details

Official first name(s):	<input type="text"/>	Official last name(s):	<input type="text"/>
Title:	<input type="text"/>	Date of Birth:	<input type="text"/>
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Prefer to self-describe as:	<input type="text"/>	(e.g. non-binary) <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Home address:	<input type="text"/>	Mobile phone:	<input type="text"/>
		Personal email:	<input type="text"/>
		Emergency Contact No:	<input type="text"/>
Postcode:	<input type="text"/>	Current job / occupation:	<input type="text"/>
Nationality:	<input type="text"/>	Country of Domicile:	<input type="text"/>

2. Ethnic Origin

Please tick the box that describes the ethnic origin you most identify with. We are strongly committed to equal opportunities and welcome all students regardless of age, gender or ethnic origin.

White	Asian/ Asian British	Mixed	Black, Arab or other
<input type="checkbox"/> English/Welsh/Scottish	<input type="checkbox"/> Indian	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> African
<input type="checkbox"/> Irish / British	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other black
<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other mixed / multiple ethnic	<input type="checkbox"/> Arab
<input type="checkbox"/> Other White background	<input type="checkbox"/> Other Asian background		<input type="checkbox"/> Any other ethnic group

3. Additional Support

Please provide details of any disabilities or learning difficulties that may affect your learning (e.g. hearing impairment, blind / partially sighted, epilepsy, dyslexia, dyscalculia, autism spectrum disorder, etc.). Please specify below

4. Academic and Professional Qualifications

What level of learning did you attain prior to your first enrolment at BCNH?

<input type="checkbox"/> 5+ GCSEs (or equivalent) - A-C grade	<input type="checkbox"/> First Degree (e.g. BA, BSc)	<input type="checkbox"/> Masters / Doctorate Degree, PGCE
<input type="checkbox"/> 2+ A Levels (or equivalent) - A-C grade	<input type="checkbox"/> BTEC Extended Diploma or Access to HE Diploma	<input type="checkbox"/> Other qualification (where level not known)

Do you hold a GCSE (or equivalent) in English? Yes No Do you hold a GCSE (or equivalent) in Maths? Yes No

Details of Highest qualification already achieved:

Qualification title: Grade: Year achieved: No Qualifications

5. English language proficiency

Are you a native English speaker, or do you hold a qualification in English proficiency?

Is English your first language?

Yes No

If English is not your first language, do you hold any of the following qualifications:

IELTS Cambridge

Certificate of Proficiency in English

If no, how would you rate your level of proficiency in the use of the English language:

None/basic

Intermediate

Fluent / Native

6. Accreditation of Prior Learning (APL)

Do you hold any academic or professional qualifications which may exempt you from part of the course?

Do you wish to apply for APL for any modules? Yes No

Candidates who wish to apply for APL will be sent an additional form to complete and will be required to submit evidence to support their application.

7. Mode of study

How would you prefer to study with us?

Blended learning (attendance & online)

Online only

8. PERSONAL STATEMENT

Please provide a personal statement to support your application. We are interested in why you would like to join the course, what you expect to gain from the course, your career goals and plans for the future, any previous knowledge or experience you may have of nutritional therapy and any skills you possess which would make you a suitable applicant for the course. (max 500 words)

9. CRIMINAL CONVICTIONS

Do you have any criminal convictions? Yes No

If Yes, please explain:

10. DECLARATION

I declare that the information provided on this form is true, complete and accurate.

Signed:

Date:

By submitting this application form, you consent to BCNH having access to and using your personal data for the purposes of processing your application in line with our Admissions Policy. If your application is successful, we will keep your information for a period of 9 years in line with our retention policy, before it is destroyed. If your application is unsuccessful, or you wish to withdraw your application, we will keep your information for 3 years in line with our retention policy, before it is destroyed.

Whenever we process data, we will ensure that we always keep your personal data rights in high regard and take account of your rights. At no time will your personal information be passed to organisations for marketing or sales purposes. A link to our Privacy Notice can be found on our [website](#) homepage.