



MSc Orthopaedic Medicine
Validated by Middlesex University, London UK

APPLICATION FORM (EU ONLY)
International students please contact the SOM

Please refer to the application procedures and Terms and Conditions before completing this form. Please complete all parts of this application form in BLOCK CAPITALS and in black ink.

1. Personal details

Surname/Family Name:

First Name(s):

Title (Mr/Ms/Dr/etc):

Address for correspondence:

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Postcode:

Telephone number (including area code):

Email:

Gender: Male/Female

Date of birth:

Please indicate any special needs (eg dyslexia, hearing impairment, mobility difficulties):

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2. Fees - status and payment details

The enrolment fee for the MSc Orthopaedic Medicine is £3,625.00. An additional fee of £310.00 applies for each of the Option Modules SOM2, SOM3 and SOM4 and separate application forms are available for these three option modules.

Accreditation of prior learning (APL) may exempt you from up to one third of the MSc Orthopaedic Medicine programme and your fees will be amended accordingly.

Country of birth:

Nationality (as on passport):

Country of usual permanent residence:

Have you ever lived outside (or were born outside) the UK/EU? **YES/NO**

Applicants not born in the UK/EU must answer the following:

- Last date of entry to the UK/EU excluding holidays:
- Have you applied for refugee or asylum status in the UK? **YES/NO**
- Have you been granted indefinite leave to remain in the UK? **YES/NO**

If you answered YES to either of the above, please enclose copies of your home office documentation with your application.

- Have you entered the UK on a visa? **YES/NO**

If YES, please give visa expiry date:

All applicants need to answer the remaining questions on the form.

Please indicate who will pay your fees:

Self-funded: YES/NO

Employer: YES/NO

If you are being funded, please give name and address of funding body:

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Please indicate length of study:

Either: 12 months part-time YES/NO

Or: 18 months part-time YES/NO

3. Educational Qualifications

Orthopaedic Medicine Qualifications:

Society of Orthopaedic Medicine Diploma in Orthopaedic Medicine, or that of an affiliated association with submission of reflective essay (please note this is the entry requirement for the programme).

Module A venue and date:

Module B venue and date:.....

Module C venue and date:

SOM (or affiliated association) membership exam venue and date:

Reflective essay - date completed:

Please enclose a copy of your SOM Diploma in Orthopaedic Medicine.

Other qualifications (Institution, subject, grade and date awarded):

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(continue on separate sheet if necessary)

English language qualifications:

If your first language is not English, please give details of the most recent English language course you have taken or intend to take, including grade/score for all components:

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6. References

Please provide one academic and one character reference.
References from friends and/or family members will not be accepted. Character references can be from an employer.

ACADEMIC REFERENCE

(Please supply name, address, position held, and full contact details)

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Email:

CHARACTER REFERENCE

(Please supply name, address, position held, and full contact details)

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Email:

Both of these referees will be contacted prior to acceptance of your application to the MSc in Orthopaedic Medicine.

7. DECLARATION

Any statements made herein which prove to be untrue or purposely misleading will cause the application to be cancelled. If any inaccuracies are highlighted at a later stage, the SOM retains the right to retract any offer made, or expel the student, with no refund of fees.

Declaration: I confirm that the information given in this application form is true, complete and accurate. No information requested or other material information has been omitted. I consent to the processing of this data by the SOM for educational purposes under the provision of the 1998 Data Protection Act.

Applicant's signature:

Date:

8. PAYMENT

You do not need to supply payment with your application, although should you wish to do so please complete the details below.

Cheque payments

Please make cheques payable to "Society of Orthopaedic Medicine" and post to:

SOM, PO Box 204, WOOLTON, L25 7WA

Credit/debit card payments

Amount outstanding: Card type:

Card number:

Expiry date: Security code: Issue number:

Registered name and address:

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Cardholder signature:

I authorise the SOM to debit my card with the amount as stated above.

Please return this completed form to Julia Kermode at the Society of Orthopaedic Medicine:

Fax to: 0845 680 1618

Email to: julia.kermode@somed.org

Post to: Julia Kermode, SOM, 4th Floor, 151 Dale Street, Liverpool, L2 2AH