



MASTER'S DEGREE - INTERVIEW FORM

Selma
Record: _____

Please complete and send this form to enrolment@chinesemedicine.ac.nz

Interview Date ___/___/_____

Your Date of Birth: ___/___/_____

Family name:	_____	Given names:	_____
			Preferred name?

Have you attached evidence of your nationality?	Passport	<input type="checkbox"/>	or Birth certificate	<input type="checkbox"/>
Have you filled in an enrolment form?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had any criminal convictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you completed a Police Check/Vet English – International students – have you an IELTS score of 6.5 no band lower than 6.0	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your health ever affected your performance at work/school? If yes please give details below	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>

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:

Feb 2026	<input type="checkbox"/>	July 2026	<input type="checkbox"/>
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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 _____

How long have you been in New Zealand?

Less than three months

More than three months

More than six months

Have you ever worked/volunteered in the healthcare sector either in New Zealand or overseas?

No: Yes (please specify): _____

Have you ever had any criminal convictions? (Police Vetting is required upon enrolment)

No: Yes (please specify): _____

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: e.g 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