**Please tick appropriate box: Classroom teaching: Online course:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name(s):** | |  | | | | | | |
| **Surname:** | |  | | | | | | |
| **Title:** | |  | | | **Sex:** | | **Female / Male** | |
| **Date of Birth:** | | ……./……./………... | | | **Nationality:** | |  | |
| **Correspondence Address:** | |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Town:** | |  | | | **Postcode:** | |  | |
| **Telephone:** | |  | | | **Email:** | |  | |
| **Occupation:** | |  | | | | | | |
| **Line Manager:** | |  | | | | | | |
| **Employment Address:**  **(if difference to correspondence address)** | |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Town:** | |  | | | **Postcode:** | |  | |
| **Telephone:** | |  | | | **Email:** | |  | |
| **Degrees or other professional qualifications held** | | | | | | | | |
| **Degree / Qualification** | | | **Awarding Body** | | | | | **Date** |
|  | | |  | | | | |  |
|  | | |  | | | | |  |
|  | | |  | | | | |  |
|  | | |  | | | | |  |
|  | **Name, address and email of two persons qualified and willing to comment on your academic and / or professional record** | | | | | | | |
|  | **Referee 1** | | | | | **Referee 2** | | |
| **Name:** |  | | | | |  | | |
| **Address:** |  | | | | |  | | |
|  |  | | | | |  | | |
|  |  | | | | |  | | |
|  |  | | | | |  | | |
| **Email:** |  | | | | |  | | |
| **How did you hear**  **of our course:** | | |  | | | | |

Signature of applicant

Date

**Please return the completed Application Form to:**

Mr Adam Konstanciak   
Academy of Forensic Medical Sciences

117 Charterhouse Street, London EC1M 6AA

or [info@afms.org.uk](mailto:info@afms.org.uk) or via fax: +44(0)207 882 3424