



# Diploma Course in Forensic Medical Sciences

## Distance learning course

### Application Form

October 2018 - March 2019

Title \_\_\_\_\_ First name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_\_\_ Nationality: \_\_\_\_\_ Sex: Female / Male

Address \_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Daytime tel: \_\_\_\_\_

Occupation: \_\_\_\_\_

Line manager: \_\_\_\_\_

Employment \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

(if different to  
above address) Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Telephone nr: \_\_\_\_\_

APPLICATION FORM (CONTINUED)

**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: \_\_\_\_\_

Where 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

The Course Fee is **£900**

Your payment will be due once your application had been approved

Full remittance is required prior to commencement of the course