



Diploma course in Forensic Human Identification

Application Form

April 2026

Title _____ First name(s) _____ Surname _____

Date of birth ___/___/_____ Nationality: _____

Address _____

Town: _____ Postcode: _____

Email: _____ @ _____

Daytime tel: _____

Occupation: _____

Line _____

Employment _____

Address _____

(if different to above address) Town: _____ Postcode: _____

Email: _____ @ _____

Telephone _____

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

info@afms.org.uk

The Course Fee is: **£950**

Your payment will be due once your application had been approved, and full remittance is required prior to commencement of the course.