



**Fellowship in Forensic Pathology  
FAFMS (ForensPath UK)**

Application form

**Completing your Application Form**

1. Criteria for registration for Fellowship in Forensic Pathology can be obtained from the AFMS website: [www.afms.org.uk](http://www.afms.org.uk)
2. Please read the instruction on the form carefully as you complete your application.
3. Please complete the form using black ink in BLOCK capitals.
4. Please provide the documents in the checklist below.
5. To Assist the Academy of Forensic Medical Sciences in the evaluation of your application please ensure you have submitted CERTIFIED TRUE COPIES of all relevant supporting documents.
6. Please return the completed application form and all documents to:

Academy of Forensic Medical Sciences  
Miller House, 3 Devonshire Drive  
London SE108LP

or via email to: [info@afms.org.uk](mailto:info@afms.org.uk)

7. If you require assistance please contact us on Tel: +44(0)20 7525 6030, Fax: +44(0)20 8691 0873, or via email: [info@afms.org.uk](mailto:info@afms.org.uk) or you may also visit our website: [www.afms.org.uk](http://www.afms.org.uk)

<b>Document Checklist</b>	<i>Please tick if provided</i>
<b>1 – Completed Application Form</b>	<input type="checkbox"/>
<b>2 – Proof of English Language Proficiency</b> All applicants should provide evidence of English language ability – IELTS, TOEFL, or other acceptable proof  <b>OR</b> If you have not taken an English language test, or have taken the test but you are awaiting results please tick here	<input type="checkbox"/>  <input type="checkbox"/>
<b>3 – Two References</b> Please provide the names of two references who are professionally familiar with your career activities. Please enclose the reference letters with this application.	<input type="checkbox"/>
<b>4 – Curriculum Vitae (CV) / Resume</b> Please provide a recent full curriculum vitae.	<input type="checkbox"/>
<b>5 – All relevant supporting documentation</b> Please provide certificate of qualification as a doctor and certificates to support all your postgraduate qualifications.	<input type="checkbox"/>

<b>Section 1 - Personal Details:</b> <i>Please continue on a separate sheet if necessary</i>							Passport size photo required			
Please tick appropriate title: Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: <input type="checkbox"/>										
Please specify:										
1. Name										
	(as in your Passport)									
(Name to appear in Fellowship registration if different from above)										
2. Date of Birth:	d	d		m	m	y	y	y	y	
3. Citizenship										
4. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female									
5. Passport Number:										
6. Telephone No:	Office:				Mobile:			Home:		
6b. Fax Number:										
7. Email:										
8. Permanent Home Address:										
	Postcode:				City/Town:			State:		
9. Address for correspondence: (if different from the above)										
	Postcode:				City/Town:			State:		

**Section 2 – English Language Proficiency**

*Please continue on a separate sheet if necessary*

Title of Qualification (eg IELTS, TOEFL etc.)	Name and location of institution/test centre attended	Result	Date awarded/to be awarded

**Section 3 – Two Referees**

Name, address and email of two persons qualified and willing to comment on your academic and / or professional record

*Please continue on a separate sheet if necessary*

Name:	Position:	Address:	Email:	Telephone No:

**Section 4 – Disability**

All applications are considered to promote equal opportunity for all candidates. It would assist us in offering you appropriate advice if you would you give brief details of any disability or special requirements you have below:

*Please continue on a separate sheet if necessary*

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**Section 5 - Declaration**

- I certify that the statements made by me on this form are true and correct. I understand that the AFMS reserves the right to withdraw any offer it may make, should any statement in this application prove to be false.
- I confirm that if admitted to the AFMS I will conform to all Academy' regulations
- I understand that the AFMS reserves the right to alter the Fellowship at any point before the start of the course.

Signed:

Date: