



**Form A**

**Diploma in Forensic Human Identification  
Examination Entry Form**

This form, completed by the Candidate, is to be forwarded to the Examination Office, together with the current fee, not later than **5<sup>th</sup> August 2019.**

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

Date of birth \_\_\_/\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Qualifications (with dates) including medical school (where applicable)

| Degree / Qualification | Awarding Body | Date  |
|------------------------|---------------|-------|
| _____                  | _____         | _____ |
| _____                  | _____         | _____ |
| _____                  | _____         | _____ |

Date of Registration/professional body \_\_\_\_\_

Appointments held (with dates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Forensic Human Identification course attended on (date) \_\_\_/\_\_\_/\_\_\_\_\_

At (venue) \_\_\_\_\_

Certificate of completion / attendance included: Yes / No

Signature of applicant: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Approved on behalf of the Examination Board \_\_\_\_\_

On (date) \_\_\_/\_\_\_/\_\_\_