



Diploma Course in Forensic Medical Sciences

Distance learning course

Application Form

October 2026 – April 2027

Title _____ First name(s) _____ Surname _____

Date of birth ____/____/____ Nationality: _____

Address _____

Town/City and Country: _____ 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

info@afms.org.uk

The Course Fee is **£1050**

Your payment will be due once your application had been approved

Full remittance is required prior to commencement of the course