



*The Worshipful Society of Apothecaries of London*  
*Black Friars Lane, London EC4V 6EJ*

FACULTY OF THE HISTORY AND PHILOSOPHY OF MEDICINE AND PHARMACY

**COURSE IN THE HISTORY OF MEDICINE**  
*(Leading to the Diploma in the History of Medicine)*

APPLICATION FOR ADMISSION TO THE 2019-2020 COURSE

*Title*.....*First Name*.....*Surname*.....

*Address*.....

*Telephone (Home)*.....*(Work/Mobile)*.....

*Email address*.....

*Professional Qualifications (with dates)* .....

*Course(s) attended (if any)* .....

*Publications (if any)*.....

*Appointments held*.....

Registered Charity Number 233234

*Telephone: 020 7236 1189 Facsimile: 020 7329 3177*

*Email: Facultyhp@apothecaries.org Website: www.apothecaries.org*

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Current appointment .....

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How did you hear about the course? .....

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**I have read and agree to the terms and conditions of the History of Medicine (Leading to the Diploma in the History of Medicine – DHMSA)**

Signed: .....Date.....

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Approved on behalf of the Faculty

Course Director .....Date.....

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**This application form and the Course Fee £875 or undergraduates £600.00 (proof of status is required) must be forwarded to: FacultyHP Office, Apothecaries' Hall, Black Friars Lane, London, EC4V 6EJ**

**Kindly note that the fee for the examination is additional and separate.**

**PAYMENT DETAILS:** We will inform you if your application is accepted so you can then make your payment.

**Cheques:** Please make your cheque payable to “**The Society of Apothecaries**”. Please quote History/ Surname on the back of your cheque.

**Electronic Transfer to:** Society of Apothecaries  
Sort Code: 18-00-02  
Account number: 05959640  
Please reference: History/ Surname