



CARDIFF UNIVERSITY/BRAPP

POSTGRADUATE COURSE IN PHARMACEUTICAL MEDICINE

APPLICATION/REGISTRATION FORM Joining PGCPM February 2023

Last name	
First name (s)	
Company name	
Company address	
Work Telephone:	Mobile:
Email:	
Qualifications:	
GMC registration:	
Current job title:	
Describe your role:	
eg Med Affairs,	
Clin Research,	
Clin Development,	
Pharmacovigilance etc	
Are you currently	
registered for PMST?	



2

Return to	PGCPM@bra	pp.org:

- 1) A completed form
- 2) A non-returnable deposit of £200 (bank transfer/credit card/sterling cheque)
- 3) A digital photograph

I understand that the balance of the Course Tuition fees are payable before tuition begins in February
2023 and will be invoiced once my application has been accepted.

Signed:	Date:

Postal address: BrAPP PGCPM Office, Royal Station Court, Station Road, Twyford, READING RG10 9NF Telephone: +44(0)1189341943



Payment Options: Please tick the appropriate option

Sterling cheque:	Credit card:	Bank Transfer:
	Visa, Mastercard and AMEX	
Made payable to: BrAPP	Card number:	British Association of
		Pharmaceutical Physicians
		NatWest plc
	Expiry date:	Account number: 07544553
		Sort Code/Swift Code: 60-40-02 /NWBK GB2L
	Card Security code:	, IBAN: GB27 NWBK 6040 0207
		5445 53
	Please note you may call the	Please quote for reference:
	BrAPP office to give these	Last name and PGCPM22
	details, if you prefer. The	
	telephone number is above.	

