



CHARTERED INSTITUTE OF PROJECT MANAGEMENT, GHANA

...Integrating Project Management Education Globally

INTERNATIONAL HEAD OFFICE:

House No: 21/30
Main Kumasi Road,
After Achimota 2nd Bridge,
Accra - Ghana, West Africa.
Email Address: info@cipmghglobal.org
Website: www.cipmghglobal.org

NIGERIA CHAPTER:

No.57, Isheri Road,
By County Hospital Road,
Aguda Ogba, Lagos State.
Telephone: +2348025486416
Email Address: info@cipmghglobal.org
Website: www.cipmghglobal.org

APPLICATION FORM FOR STUDENT & DIRECT MEMBERSHIP

Note: Please fill all in BLOCK letters.

STUDENT DIRECT MEMBERSHIP (Please check as appropriate)

AFFIX
TWO
PASSPORT

1. PERSONAL DATA

FULL NAMES: _____

DATE OF BIRTH: _____ SEX _____ MARITAL STATUS _____

STATE OF ORIGIN: _____ TEL: _____

CONTACT ADDRESS: _____

E-mail: _____

2. EDUCATIONAL QUALIFICATIONS: (Please attach all relevant documents)

Schools Attended with dates

	University/Polytechnic/College	Year		Degree, Certificate Obtained
		From	To	
(i)				
(ii)				
(iii)				
(iv)				
(v)				

3. OTHER PROFESSIONAL QUALIFICATIONS: (Please attach all relevant documents)

	Name of Professional Body	Membership Status	Year of Admission
(i)			
(ii)			
(iii)			
(iv)			
(v)			

4. EMPLOYMENT DETAILS:

A. CURRENT EMPLOYMENT INFORMATION

NAME OF ORGANISATION: _____

SECTOR _____

ADDRESS OF ORGANISATION: _____

NATURE OF BUSINESS _____

DATE OF EMPLOYMENT: _____ POSITION AT EMPLOYMENT: _____

CURRENT POSITION _____

B. PREVIOUS EMPLOYMENT INFORMATION (1):

NAME OF ORGANISATION: _____

SECTOR: _____

ADDRESS OF ORGANISATION: _____

NATURE OF BUSINESS: _____

DATE OF EMPLOYMENT: _____ POSITION AT EMPLOYMENT _____

POSITION WHEN LEAVING: _____

REASON FOR LEAVING: _____

C. PREVIOUS EMPLOYMENT INFORMATION (2):

NAME OF ORGANISATION

SECTOR:

ADDRESS OF ORGANISATION:

NATURE OF BUSINESS:

DATE OF EMPLOYMENT:

POSITION AT EMPLOYMENT

POSITION WHEN LEAVING:

REASON FOR LEAVING

N.B: Please attach all documents to support the above employment claims and include any further relevant information regarding your previous employments other than the above.

5. RECOMMENDATIONS:

Application must provide two (2) referees of professional status and two must have known the applicant for at least one year.

A. REFEREE (1)

I _____

CERTIFY THAT _____
IS FIT AND PROPER TO BE REGISTERED AS STUDENT OR MEMBERSHIP
PROGRAMME OF THE INSTITUTE

FULL NAME: _____

ADDRESS OF REFEREE: _____

PROFESSIONAL/OCCUPATION OF REFEREE: _____

PERIOD OF KNOWING THE APPLICANT: _____

RELATIONSHIP WITH APPLICANT: _____

TELEPHONE NO: _____

E-mail: _____

SIGNATURE OF REFEREE: _____ DATE _____

6. CERTIFICATION:

I, Mr./Mrs.

CERTIFY THAT THE INFORMATION GIVEN IN THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY UNDERTAKE TO OBSERVE AND BE FOUND BY THE PROVISIONS OF THE ARTICLES AND RULES OF THE INSTITUTE FOR THE TIME BEING IN FORCE.

IN SUPPORT OF MY APPLICATION, I FURNISH THE PARTICULARS ON PAGES 1, 2 AND 3. HERewith AND ENCLOSURE BEING PAYMENT FOR APPLICATION FORMS. THE PAYMENT RECEIPT NUMBER RECEIVED IS QUOTED HERE FOR YOUR REFERENCE (.....)

SIGNATURE

DATE.....

FOR OFFICIAL USE ONLY

DATE OF SUBMISSION OF FORM:

NAME OF RECEIVING/VERIFYING OFFICER

IS THE CANDIDATE QUALIFIED? YES..... NO

STUDENTSHIP NO MEMBERSHIP NO

IF NO, STATE REASON(S) _____

SIGNATURE OF REGISTRAR: _____ DATE: _____

