

**CHARTERED INSTITUTE OF ADMINISTRATORS AND  
MANAGEMENT CONSULTANTS-GHANA**

**REGISTRATION FORM FOR OPERATIONAL LEVEL EXAMINATIONS**

CIAMC IS A PROFESSIONAL BODY REGISTERED UNDER THE PROFESSIONAL BODIES  
REGISTRATION DECREE, 1973 (NRCD 143) FOR THE PROFESSION OF PROFESSIONAL  
ADMINISTRATION & MANAGEMENT CONSULTANCY PRACTICE IN GHANA

**SOURCE OF INFORMATION ABOUT CIAMC**

**How did you get to know about the programme:** Through

Knowledge about a colleague’s membership [ ]      Invitation by a Member [ ]

Advert in the Print Media [ ]      The Website [ ]      Any Other.....

- 1. Title :( Dr., Prof., Nana, Mr., Mrs., Miss, Alhaji, Rev, Pastor, etc)
- 2. Legal Names: -----
- 3. Former Surname (if applicable)-----
- 4. Contact Address: -----
- 5. Mobile Telephone No: -----
- 6. Home Telephone No: -----
- 7. Email Address-----

**WORK DETAILS**

- 1. Place of Work: -----
- 2. Department: -----
- 3. Duty Post: -----
- 4. Rank: -----
- 5. Job Description: -----
- 6. Date of Last Promotion: -----

7. Expected Date of next promotion: -----

8. Office Telephone -Direct line: -----

9. General Telephone line: -----

10. Fax Number (if applicable): -----

11. Number of Subordinates: -----

12. Rank of Immediate Boss: -----

13. Number of years Service: -----

14. Past important offices held with dates: -----

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**EDUCATIONAL QUALIFICATION**

1. Highest Educational Qualification held & date: -----

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2. Highest Professional Qualification held & date: -----

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3. List of Seminars, & in- service courses and workshops attended with dates:-----

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4. Ongoing Course & date of expected completion: -----  
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**Referee's Recommendation (CIAMC MEMBERS ONLY)**

I hereby recommend the applicant for admission into the Operational Level Examinations Programme as applied. I found him/her adequately suitable in character and in experience

**NAME:** -----

**PIN NUMBER:** -----

**PLACE OF WORK/TEL NUMBER:** -----

**REFEREE'S SIGNATURE & DATE:** -----

**Documents to submit with this application**

- 1. 4 (stamp size) passport photograph
- 2. Copy of Transcript of Academic Record
- 3. Copies of Certificates of in –service seminars and short courses attended
- 4. A copy of current Curriculum Vitae (CV)
- 5. Membership Registration Fee of GH¢150.00
- 6. Application fee of GH¢50.00

**Declaration**

I hereby declare to the best of my knowledge that all documents and information submitted or made available by me for the process of this application are true and complete.

I understand that CIAMC reserves the right at any stage to withdraw a place which has been offered to me, or cancel my membership registration, which has been made on the basis of incomplete information.

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**Signature of Applicant & Date**

**CHARTERED INSTITUTE OF ADMINISTRATORS AND  
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**MEMBERSHIP APPLICATION FORM**

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- 1. Title :( Dr., Prof., Nana, Mr., Mrs., Miss, Alhaji, Rev, Pastor, etc)
- 2. Legal Names: -----
- 3. Former Surname (if applicable)-----
- 4. Contact Address: -----
- 5. Mobile Telephone No: -----
- 6. Home Telephone No: -----
- 7. Email Address-----

**WORK DETAILS**

- 1. Place of Work: -----
- 2. Department: -----
- 3. Duty Post: -----
- 4. Rank: -----
- 5. Job Description: -----
- 6. Date of Last Promotion: -----
- 7. Expected Date of next promotion: -----
- 8. Office Telephone -Direct line: -----
- 9. General Telephone line: -----

10. Fax Number (if applicable): -----

11. Number of Subordinates: -----

12. Rank of Immediate Boss: -----

13. Number of years Service: -----

14. Past important offices held with dates: -----

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**EDUCATIONAL QUALIFICATION**

1. Highest Educational Qualification held & date: -----

-----

2. Highest Professional Qualification held & date: -----

-----

3. List of Seminars, & in- service courses and workshops attended with dates:-----

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4. Ongoing Course & date of expected completion: -----

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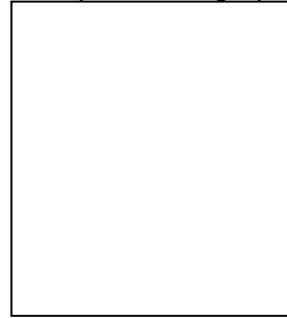
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5. **MEMBERSHIP GRADE APLIED FOR:** -----

**CHECK LIST FOR APPLICANTS**

- Certified copies of certificates
- A detailed C. V
- Copy of Transcript of Academic Record
- 4 stamp size passport photographs
- Membership Registration Fee of GH¢150.00
- Application fee of GH¢50.00

Passport Photograph



**Declaration**

I hereby declare to the best of my knowledge that all documents and information submitted or made available by me for the process of this application are true and complete.

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**Referee's Recommendation (CIAMC MEMBERS ONLY)**

I hereby recommend the applicant for admission into the Operational Level Examinations Programme. I found him/her adequately suitable in character and in experience

**NAME:** -----

**PIN NUMBER:** -----

**PLACE OF WORK/TEL NUMBER:** -----

**REFEREE'S SIGNATURE & DATE:** -----

-----  
**FOR OFFICIAL USE ONLY**

**STUDENT REGISTRATION NUMBER:** -----

**DATE OF REGISTRATION:** -----

**PIN** -----

**CHARTERED INSTITUTE OF ADMINISTRATORS AND  
MANAGEMENT CONSULTANTS-GHANA**

**CONFIDENTIAL REFERENCE FORM**

**TO BE COMPLETED BY AN ACADEMIC OR PROFESSIONAL REFEREE**

THE INSTITUTE (CIAMC) WILL ATTEMPT TO MAINTAIN THE CONFIDENTIALITY OF THIS LETTER. HOWEVER,  
PERSONS WHO WRITE LETTERS OF REFERENCE SHOULD KNOW THAT CIAMC MAY BE REQUIRED TO  
DISCLOSE THE LETTER TO THE STUDENT UNDER THE FREEDOM OF INFORMATION ACT

**THIS SECTION TO BE COMPLETED BY THE APPLICANT BEFORE PASSING TO REFEREE**

FULL NAME OF APPLICANT:	
PROGRAMME TO WHICH YOU ARE APPLYING	<b>Operational Level Examinations Programme</b>

The following sections are to be completed by the referee. The information in this document will be treated as strictly confidential.  
The purpose of the reference is to assess the ability of the applicant to undertake advanced studies and research. ONCE  
COMPLETED, RETURN THE COMPLETED FORM, SIGNED AND SEALED IN AN ENVELOPE, TO THE APPLICANT **OR**  
SEND THE REFERENCE TO THE INSTITUTE

NAME OF REFEREE		POSITION/RANK	
INSTITUTION		TELEPHONE	
MAILING ADDRESS		FAX	
		EMAIL	

**KNOWLEDGE OF APPLICANT**

IN WHAT CAPACITY (E.G. TEACHER, SUPERVISOR, EMPLOYER) HAVE YOU KNOWN THE APPLICANT?

HOW LONG HAVE YOU KNOWN THE APPLICANT? (YEARS/MONTHS)

TO APPROXIMATELY HOW MANY STUDENTS IN THE PAST FIVE YEARS AND AT THE SAME LEVEL OF STUDY ARE YOU  
COMPARING THE APPLICANT

IF YOU HAVE NOT KNOWN THE APPLICANT IN AN ACADEMIC OR PROFESSIONAL CAPACITY, PLEASE INDICATE THE BASIS  
UPON WHICH YOU FEEL YOU ARE ABLE TO ASSESS THE APPLICANT'S CAPABILITY FOR STUDIES AT THE ADVANCED LEVEL

**SPECIAL ABILITY**

FOR EACH CATEGORY PLACE A CHECKMARK UNDER THE MOST APPROPRIATE COLUMN	OUTSTANDING (TOP 5%)	SUPERIOR (5-10%)	GOOD (10-25%)	AVERAGE (25-50%)	MARGINAL/POOR (LOWER 50%)	NO BASIS FOR JUDGEMENT
PAST ACADEMIC/PROFESSIONAL ACHIEVEMENT						
SCHOLARLY PROMISE						
INDEPENDENT RESEARCH/STUDY CAPABILITY						
CREATIVITY						
RESOURCEFULNESS						
ABILITY TO MEET DEADLINES						
OVERALL, I WOULD RATE THIS STUDENT AS:						

**IF AN INTERNATIONAL STUDENT, PLEASE INDICATE THE APPLICANT'S ENGLISH LANGUAGE COMPETENCY**

IS THE APPLICANT'S FIRST LANGUAGE ENGLISH?      YES       NO

IF NO, PLEASE ASSESS YOUR VIEW OF THE APPLICANT'S COMPETENCY IN ENGLISH:

Written:

Read:

Oral:

**FOR ACADEMIC REFEREES ONLY**

IF THE APPLICANT APPLIED TO A GRADUATE PROGRAMME AT YOUR INSTITUTION, WOULD YOU:

ACCEPT WITHOUT RESERVATION

ACCEPT WITH SOME RESERVATIONS

ACCEPT TO A QUALIFYING YEAR ONLY

EXPLAIN ANY RESERVATIONS:.....

REJECT



