

CHARTERED INSTITUTE OF ADMINISTRATORS AND MANAGEMENT CONSULTANTS-GHANA

REGISTRATION FORM FOR PROFESSIONAL LICENSING PROGRAMME

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., Mr., Mrs., Miss)
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. Organization: -----
2. Department: -----
3. Duty Post: -----
4. Rank: -----
5. Job Description: -----

6. Office Telephone -Direct line: -----

7. General Telephone line: -----

8. Number of years in Management Position: -----

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

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:-----

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

Referee's Recommendation

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

NAME: -----

LICENSE 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 and Certificates
- 3. A copy of current Curriculum Vitae (CV)
- 4. Membership Registration Fee of GH¢150.00
- 5. 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.

Signature of Applicant & Date

FOR OFFICIAL USE ONLY

STUDENT REGISTRATION NUMBER: -----

DATE OF REGISTRATION: -----

MEMBERSHIP PIN-----

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

MEMBERSHIP APPLICATION FORM

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1. Title :(Dr., Mr., Mrs., Miss)
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: -----

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:-----

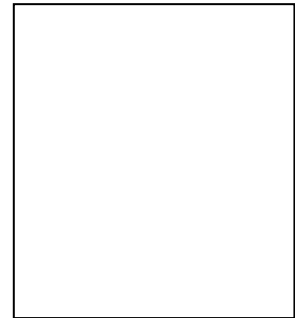
- 4. Ongoing Course & date of expected completion: -----

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

CHECK LIST FOR APPLICANTS

Passport Photograph

- Certified copies of certificates and Transcripts
- A detailed C.V.
- 4 stamp size passport photographs
- Membership Registration Fee of GH¢150.00
- 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.

Signature of Applicant & Date

Referee's Recommendation (CIAMC LICENSED MEMBERS ONLY)

I hereby recommend the applicant for admission into the Professional Licensing 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: -----

MEMBERSHIP 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	PROFESSIONAL LICENSING PROGRAMME

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 <input type="checkbox"/> NO <input type="checkbox"/>
IF NO, PLEASE ASSESS YOUR VIEW OF THE APPLICANT'S COMPETENCY IN ENGLISH:	
Written:	
Read:	
Oral:	

FOR ACADEMIC REFEREES ONLY	
IF THE APPLICANT APPLIED FOR AN ADVANCED RESEARCH PROGRAMME AT YOUR INSTITUTION, WOULD YOU:	
<input type="checkbox"/> ACCEPT WITHOUT RESERVATION	<input type="checkbox"/> ACCEPT WITH SOME RESERVATIONS
<input type="checkbox"/> ACCEPT TO A QUALIFYING YEAR ONLY	EXPLAIN ANY RESERVATIONS:.....
<input type="checkbox"/> REJECT	

