



CHARTERED INSTITUTE OF ADMINISTRATORS AND MANAGEMENT CONSULTANTS –GHANA

DIRECT REGISTRATION FORM FOR EXPERIENCED MANAGEMENT CONSULTANTS

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.....

A. Personal Details

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. E-mail Address: -----

B. WORK DETAILS (GENERAL – TO BE FILLED BY ALL APPLICANTS)

8. Place of Work: -----
9. Department: -----
10. Rank: -----
11. Job Description: -----
12. Office Telephone -Direct line: -----

13. General Telephone line: -----

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

15. Number of Subordinates: -----

16. Rank of Immediate Boss: -----

17. Number of years Service: -----

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

C. WORK DETAILS- (MANAGEMENT CONSULTANCY PRACTICE)

19. Main Specialty Areas

Business Process re-engineering

Change Management

Economic & Environmental Studies

Financial

Human Resources

Marketing & Corporate Communication

Outsourcing

Production & Services Management

Programme / Project Planning and Management

Strategy

Others

20. Number of years of practice with respect to the main areas

D. CLIENT REFERENCES

Please provide contact details for five clients on whose project you have worked in the last two years.

Referees should, as far as possible, reflecting the range of skills and Experience of the applicant and be drawn from at least two service areas.

1st Client reference	
Contact Person's Name:	<input type="text"/>
Job Title:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
Telephone:	<input type="text"/>
Fax:	<input type="text"/>
E-mail:	<input type="text"/>
Project(s)	<input type="text"/>

2nd Client reference

Contact Person's Name:

Job Title:

Organization:

Address:

Telephone:

Fax:

E-mail:

Project(s)

3rd Client Reference

Contact Person's Name:

Job Title:

Organization:

Address:

Telephone:

Fax:

E-mail:

Project(s)

4th Client Reference

Contact Person's Name:	
Job Title:	
Organization:	
Address:	
Telephone:	
Fax:	
E-mail:	
Project(s)	

Client References
(Continued)

5 th Client Reference	
Contact Person's Name:	
Job Title:	
Organization:	
Address:	
Telephone:	
Fax:	
E-mail:	
Project(s)	

E. EDUCATIONAL/ PROFESSIONAL QUALIFICATION

E. Highest Educational Qualification held & date:

F. Highest Professional Qualification held & date:

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

Ongoing Course & date of expected completion:

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 Three Hundred and Fifty Ghana cedis (GH¢350.00)
6. Application fee of Five Hundred Ghana Cedis (GH¢500.00)

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.

Applicant’s Signature & Date

FURTHER INFORMATION: (write any other information that you think might enhance your admission into the Institute)

FOR ADMISSION COMMITTEE'S USE

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

MEMBERSHIP APPLICATION FORM

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

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: -----

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: -----

FOR OFFICIAL USE ONLY

DATE OF REGISTRATION: -----

MEMBERSHIP PIN-----