

CIHRM

PASSPORT PICTURE

MEMBERSHIP APPLICATION FORM

A. PERSONAL DETAILS

1. Surname (Block Letters):..... Title (Mr/Miss/Mrs/Dr.) Sex.....
2. First Name:..... Other Name(s):.....
3. Nationality:..... Date of Birth
4. Academic & Professional Qualifications:

| | Qualification | Institution | Date of Completion |
|------|---------------|-------------|--------------------|
| i. | | | |
| ii. | | | |
| iii. | | | |
5. Postal Address.....
.....
E-mail address Tel No.(s)
6. Name & Address of Present Employer.....
.....
7. Nature of Business.....
8. Present Position:.....Held since:.....
Number of subordinates..... a) Direct:..... b) Indirect:.....
9. Date joined organization/company:.....
10. Immediate superior (job title):.....
11. Description of applicant's current duties:.....
.....

B. WORK EXPERIENCE

12. Career information in Position (prior to present post):

| Date From - To | Name of Employer | Position Held | No. of Employees | Immediate Superior (Job Title) |
|----------------|------------------|---------------|------------------|--------------------------------|
| | | | | |

13. Brief description of responsibilities in post preceding present appointment:

.....
.....

14. Indicate area(s) of expertise/specialization in the Human Resource Management field

HR Area

Years of Experience in Area

| | |
|-------|-------|
| | |
| | |
| | |

15. Membership of professional body:

Name

Date Joined Status

REFEREES: Please give the names and addresses of **two** referees **one** of whom should be your **Immediate Superior** and the other **a Member of the Institute**. If you are head of your firm or organization, please name two business or professional associates.

Name and Address of 1st Referee

Name and Address of 2nd Referee

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.....
.....

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.....
.....
.....

Signature.....

Signature.....

Tel No:

Tel No:

Email:

Email:

C. DECLARATION OF APPLICANT

I declare that the statements contained herein are correct to the best of my knowledge and belief and that I agree to be governed by the rules and regulations of the Institute of Human Resource Management Practitioners, Ghana, as they now exist and as they may hereafter be altered.

Application Fee of GH¢ 50.00 is attached.

Signature of Applicant Date

**Attach CV and Return to: Institute of Human Resource Management Practitioners, Ghana
PMB CT 312
Cantonments – Accra
Tel. 0242438758/ 0269220210**

OR

You may scan completed form, pay-in-slip, and attach softcopy of CV, and email to officemanager@cihrmghana.org

Bank Details:

Account Name: Institute of Human Resource Management Practitioners, Ghana

Bank: Standard Chartered Bank **Branch:** Accra High Street **A/C No:** 0100100589100

FOR OFFICE USE ONLY

APPROVAL

Membership No.

Admitted as

Date

Signed

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EXECUTIVE DIRECTOR

PRESIDENT