CIHRM

CHARTERED INSTITUTE OF HUMAN RESOURCE MANAGEMENT, GHANA

MEMBERSHIP APPLICATION FORM

CIHRM

CHARTERED INSTITUTE OF HUMAN RESOURCE MANAGEMENT, GHANA

MEMBERSHIP APPLICATION FORM

A. PERSONAL DETAILS

1. Surname (Block Letters): ....

    Title: ☐ Mr ☐ Miss ☐ Mrs ☐ Dr. ☐ Prof.   Sex: ☐ Male ☐ Female

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: ....
    ....

    Email Address: .... Tel No.: [   ]

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 Current Duties: ....
    ....

B. WORK EXPERIENCE

12. Career information (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. Indicate if Member of any other Professional Body:

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:**

---------------------------------   ---------------------------------

---------------------------------   ---------------------------------

---------------------------------   ---------------------------------

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 Chartered Institute of Human Resource Management, Ghana, as they now exist and as they may hereafter be altered.

Application Fee of GHS 150.00 is Incuded.

Signature of Applicant _____   Date [| |]

Attach CV and Return to: Chartered Institute of Human Resource Management, Ghana. PMB CT 312 Cantonments – Accra Tel. 0242438758/ 0269220210 or you may scan completed form and pay-in-slip, attach softcopy of CV, and email to membershipmanager@cihrmghana.org

Bank Details:
Account Name: Chartered Institute of Human Resource Management, Ghana
Bank: Standard Chartered Bank Head Office: Accra High Street A/C No: 0100100589100

....

FOR OFFICE USE ONLY

<u>**APPROVAL**</u>   **Membership No.:** [   ]

Admitted as: ....   **Date:** [| |]

Signed ....

          CHIEF EXECUTIVE OFFICER   **PRESIDENT**

CIHRM

CHARTERED INSTITUTE OF HUMAN RESOURCE MANAGEMENT, GHANA