

CIHRM

CHARTERED INSTITUTE OF HUMAN RESOURCE MANAGEMENT, GHANA

MEMBERSHIP APPLICATION FORM

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SECTION 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: Day Month Year

4. Academic & Professional Qualifications:

Qualification

Institution

Date of Completion

- i. _____
- ii. _____
- iii. _____

5. Postal Address: _____

Email 1: Tel No

Email 2: Tel No

SECTION B – CURRENT EMPLOYER JOB/ DETAILS

6.1 Name & Address of present Employer: _____

6.2 Nature of Business: _____

6.3 Present Position: _____ Held since:

Number of Subordinates: a) Direct: b) Indirect:

6.4 Date joined Organization / Company:

6.5 Immediate Superior (job title):

6.6 Description of Current Duties:

Section C. WORK EXPERIENCE

7. Previous Work Experience

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

Section D. HR Speciality Area(s)

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

HR Area

Years of Experience in Area

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9. Indicate if Member of any other Professional Body:

Date Joined:

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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: _____

16. Tick(✓) preferred processing method

☐ Normal processing - within three (3) weeks (GHS 200)

☐ Expedited processing - within one (1) week (GHS 500)

Section D. 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 (CIHRM) as they now exist and as they may hereafter be altered.

Signature of Applicant _____

Date

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Return to: Chartered Institute Of Human Resource Management, Ghana.

PMB CT 312 Cantonments – Accra Tel. 0242438758 / 0269220210 or you may Scan a completed form and pay-in-slip, attach Softcopy of CV, and email to a.sappiah@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

/ Institute Momo Number: 0546-112127

FOR OFFICE USE ONLY

APPROVAL

Membership No.: _____

Admitted as: _____

Date:

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Signed _____

CHIEF EXECUTIVE OFFICER

PRESIDENT