CHARTERED INSTITUTE OF ADMINISTRATORS AND MANAGEMENT CONSULTANTS-GHANA

REGISTRATION FORM FOR OPERATIONAL LEVEL EXAMINATIONS

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., 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:

. Expected Date of next promotion:	
. Office Telephone -Direct line:	
. General Telephone line:	
0. Fax Number (if applicable):	
1.Number of Subordinates:	
2. Rank of Immediate Boss:	
3. Number of years Service:	
4.Past important offices held with dates:	
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hereby recommend the applicant for admission into the Operational Level Examinations Programme as applied. I found him/her adequately suitable in character and in experience NAME: PLACE OF WORK/TEL NUMBER: P	4. Ongoing Course & date of expected completion:
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Examinations Programme as applied. I found him/her adequately suitable in character and in experience NAME:	Referee's Recommendation (CIAMC MEMBERS ONLY)
PIN NUMBER:	I hereby recommend the applicant for admission into the Operational Level Examinations Programme as applied. I found him/her adequately suitable in character and in experience
PLACE OF WORK/TEL NUMBER:	NAME:
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 GH¢150.00 6. Application fee of GH¢50.00 Claration reby declare to the best of my knowledge that all documents and information submitted hade available by me for the process of this application are true and complete. derstand that CIAMC reserves the right at any stage to withdraw a place which has no offered to me, or cancel my membership registration, which has been made on the	PIN NUMBER:
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c ccpioto mierinadom	nderstand that CIAMC reserves the right at any stage to withdraw a place which have en offered to me, or cancel my membership registration, which has been made on the sis of incomplete information.

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
<u>WOI</u>	RK	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:

13. Number of years Service: ————————————————————————————————————	1	0. Fax Number (if applicable):
14. Past important offices held with dates:	1	1. Number of Subordinates:
DUCATIONAL QUALIFICATION 1. Highest Educational Qualification held & date:	1	2. Rank of Immediate Boss:
DUCATIONAL 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:	1	3. Number of years Service:
DUCATIONAL 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:	1	4. Past important offices held with dates:
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2. Highest Professional Qualification held & date: 3. List of Seminars, & in- service courses and workshops attended with dates:)U(CATIONAL QUALIFICATION
Highest Professional Qualification held & date: List of Seminars, & in- service courses and workshops attended with dates:	1.	Highest Educational Qualification held & date:
3. List of Seminars, & in- service courses and workshops attended with dates:	2	Highest Professional Qualification held & date:
4. Ongoing Course & date of expected completion:	3.	List of Seminars, & in- service courses and workshops attended with dates:
4. Ongoing Course & date of expected completion:		
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4. Ongoing Course & date of expected completion:		
	4.	Ongoing Course & date of expected completion:

CHECK LIST FOR APPLICANTS

- Certified copies of certificates
- A detailed C. V
- Copy of Transcript of Academic Record
- 4 stamp size passport photographs
- Membership Registration Fee of GH¢150.00
- Application fee of GH¢50.00

Declaration

PIN

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.

Passport Photograph

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 MEMBERS ONLY)

	I hereby recommend the applicant for admission into the Operational Leve Examinations 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
ST	TUDENT REGISTRATION MUMBER:

DATE OF REGISTRATION: ------

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 WH	ICH YOU ARE APPLYING	Operation	nal Level Examina	tions 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				
			FAX				
MAILING ADDRESS			EMAIL				
KNOWLEDGE OF APPL	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							
3. 3. Million 133. Lee 133. Met 13. Male 13. Male 13. Male 13. Million 13. Mil							

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 STUDEN	IT, PLEASE INDICAT	E THE APPLICA	NT'S ENGLISH	LANGUAGE C	OMPETENCY	
IS THE APPLICANT'S FIRST LAN	GUAGE ENGLISH?	YES		NO		
IF NO, PLEASE ASSESS YOUR \ Written:	/IEW OF THE APPLIC	CANT'S COMPET	TENCY IN ENGLI	SH:		
Read:						
Oral:						
FOR ACADEMIC REFEREES ON	LY					
IF THE APPLICANT APPLIED TO	A GRADUATE PROC	GRAMME AT YOU	UR INSTITUTION	N, WOULD YOU	J:	
ACCEPT WITHOUT RESERV	/ATION		ACCEF	PT WITH SOME	RESERVATIONS	
ACCEPT TO A QUALIFYING	YEAR ONLY		EXPLAIN	N ANY RESER\	/ATIONS:	
REJECT						
_						

FOR NON ACADEMIC REFEREES ONLY
WOULD YOU RECOMMEND THAT THE APPLICANT BE ACCEPTED INTO THE OPERATIONAL LEVEL EXAMINATIONS PROGRAMME? YES NO EXPLAIN ANY RESERVATION
WHY WOULD YOU RECOMMEND THE APPLICANT FOR ADMISSION?
Signature of Referee
Note that CIAMC will verify all references for application to the Operational Level Examinations Programme.