

THE CHARTERED INSTITUTE OF MANAGEMENT AND LEADERSHIP

Commonwealth of Kentucky, United States of America



Clip or staple
two photos,
this size
(do not glue). Please
print your name in
block letters on the
reverse of each photo

PROFESSIONAL CERTIFICATION APPLICATION FORM

Please complete this form in full, by computer or by hand, printing clearly in black ink. If additional space is required, attach a separate sheet, indicating the section number that it refers to.

1. CANDIDATE

FAMILY NAME (SURNAME) FIRST NAME(S) NATIONALITY M or F

DATE OF BIRTH: DAY MONTH YEAR COUNTRY AND PLACE OF BIRTH MARITAL STATUS

INSTITUTION/BUSINESS NAME AND ADDRESS (you must provide this information)

CITY COUNTRY POSTAL CODE

OFFICE TELEPHONE (+ area code) HOME TELEPHONE (+ area code) E-MAIL

MAILING ADDRESS (if different from above)

2. TRAINING ACTIVITY

Indicate the Programme for which you are applying

Programme you are applying for (e.g Chartered Logistics Management Professional (CLMP), Chartered Sales Manager (CSMgr))

3. EDUCATIONAL BACKGROUND

A. ACADEMIC QUALIFICATIONS		
FULL NAME OF INSTITUTION AND COUNTRY	DURATION (FROM – TO)	DEGREE OBTAINED (Title and subject)
B. RELEVANT PROFESSIONAL COURSES (Including CIML courses)		

4. PUBLICATIONS AND RESEARCH

List your significant publications (title, publisher & date) and/or research projects

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5. LANGUAGE ABILITY

Please rate your language proficiency from 1 (poor) to 3 (acceptable) to 5 (very good)

FIRST LANGUAGE _____ OTHER LANGUAGES _____

Spoken					
	1	2	3	4	5
English					
French					
Spanish					
Italian					

Understanding					
	1	2	3	4	5

Written					
	1	2	3	4	5

6. PROFESSIONAL ACTIVITIES

PRESENT OCCUPATION

FROM (DATE)

INSTITUTION, ORGANIZATION OR COMPANY

ADDRESS

TELEPHONE (+ area code)

FAX (+ area code)

E-MAIL

NAME OF PERSON WHO SUPERVISES YOU AND HIS/HER E-MAIL ADDRESS

Describe your current responsibilities and professional activities

RELEVANT PREVIOUS ACTIVITIES	FROM -TO (DATES)	RESPONSIBILITIES

7. PERSONAL STATEMENT

Explain why you are applying for this course, what you hope to learn from it, and how it will benefit your professional development and your institution

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8. OFFICIAL ENDORSEMENT

Your application will not be considered unless this section is correctly filled in by the person endorsing the application (public official, employer, or academic supervisor). The undersigned:

NAME TITLE OR POSITION INSTITUTION OR ORGANIZATION

ADDRESS TELEPHONE (+ area code) FAX (+ area code) E-MAIL

endorses the application of the candidate: [NAME.....]

Will the candidate's present position still be available to him/her after the course is over? YES..... NO.....

SIGNATURE OF PERSON ENDORSING APPLICATION DATE STAMP OF INSTITUTION

9. CANDIDATE'S STATEMENT

- I am willing to apply for aforesaid course of Chartered Institute of Management and Leadership, USA and for the same I am submitting this form through the authentic study center of the Institute.
- All the information provided above in the form are true to the best of my knowledge.

CANDIDATE'S SIGNATURE DATE

How did you learn about the course?
