



THE INSTITUTE OF MANAGEMENT SPECIALISTS

incorporating

Professional Management Specialists

involved in Modern Management, Computers, Technology and Systems

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APPLICATION FOR MEMBERSHIP

Please print out and complete this Application Form and send with your current CV, copies of supporting Certificates/Diplomas and qualifications, a passport-sized photograph of yourself and the appropriate fee, to the address given above. Cheques or Bankers Drafts to be made payable to **IMS**. Fees may also be paid by Bank Transfer, via PayPal Transfer.

– please see page 4 of this form for details.

If the application is unsuccessful the fee will be refunded.

I wish to apply for (please tick as appropriate):

F.I.M.S. (Dip.IMS)	£70.00	<input type="checkbox"/>	Fellow
M.I.M.S. (Dip.IMS)	£65.00	<input type="checkbox"/>	Full Member
A.M.I.M.S. (Dip.IMS)	£55.00	<input type="checkbox"/>	Associate Member
Stud.IMS. (Cert.IMS)	£35.00	<input type="checkbox"/>	Student Member

Candidates applying for the **Fellow** grade must also apply for a Certified Manager Award in their specialist management field – please complete the relevant section on Page 2 of this Application. Those applying for other grades of membership may also apply for a Certified Manager Award.

Please use block capitals in all sections.

Name:

(Please write this exactly as you would like it to appear on your Professional Membership Certificate/Diploma underlining your surname.)

Mr/Mrs/Miss/Other (please state) Nationality:

Date of Birth: Age:

Current Position: Date Appointed:

Business Name:

Business Address:

Private Address:

(Please tick the appropriate box for Institute correspondence to be sent to)

Home Tel No: Business Tel No:

Home Fax No: Business Fax No:

Email Address:

CERTIFIED MANAGER AWARD

Applicants should have either four years' specialised management experience in their area, 30 credit hours in subjects in the direct specialised area or a combination of the two which satisfies the IMS Award Committee.

Specialisation Fields Available:

- | | |
|---------------------------------|-----------------------------|
| Administration | Insurance |
| Agriculture | Legal |
| Architecture | Local Government |
| Civil Services | Manufacturing |
| Coaching | Marketing |
| Education | Military Services |
| Energy and Power | Mining |
| Engineering | Non Government Organisation |
| Environmental | Petroleum |
| Finance | Police |
| Governance, Risk and Compliance | Project Management |
| Health Care | Supply Chain Management |
| Hospitality | Total Quality Management |
| Human Resources | Tourism |
| Information Technology | Travel |

If your area of specialisation is not listed, please contact IMS as further fields may be added.

Please state your area of specialisation and title:

.....

Please use the space below to show how you meet the above criteria and enclose documentary evidence as appropriate.

.....

Certified Manager Award Fee: £75.00

DETAILS OF COMPETENCE AND ACHIEVEMENT

Please position yourself in the leadership table below; stating the number of years you have been at that level:

Leadership Level	Definition	✓ to indicate your level	Number of years at this level
Managing Self	Aspiring to management, may be supervising some other employees		
Managing Others	Primary role includes managing a substantive team of people may include supervisors		
Managing Managers	Directs a business through managing teams of managers (not supervisors)		
Functional Manager	In a large corporate, controls a distinct business unit		
Business/Group Manager	CEO, MD level		

How many people do you manage in your current position?

Please describe your management accountability:

Previous positions and duties:

Academic Qualifications (relevant to management or specialisation clearly stating the awarding institution):

Professional Memberships:

Training Courses attended, including dates:

Workshops/Seminars attended, including dates:

Other relevant information (please use extra sheets if necessary):

How did you know of IMS? (Please tick appropriate box)

Advertisement

Recommendation

Other (please state):

REFEREE DETAILS

Please give the name and address of one person who is willing to act as your referee. This may be an IMS member, director, immediate manager, supervisor, principal, superior, partner or officer, or other responsible person who can substantiate your ability and confirm the particulars given on this form. Referees may be contacted by the Membership Committee. Your referee must sign the Declaration.

Full Name of Referee:

Address:

Tel No: Email Address:

DECLARATION OF REFEREE

I hereby declare that to the best of my knowledge and belief the information set out on this form is accurate and true.

Signed: Position: Date:

DECLARATION OF APPLICANT

I agree that irrespective of the grade for which I have applied I will accept the grade of membership considered appropriate and awarded me by the Membership Committee. Should I be elected and a Membership Certificate or Diploma be issued to me, I understand that it remains the property of IMS and that I must return it to the Institute upon cessation of membership. I agree to adhere to the IMS Members' Code of Conduct and Membership Regulations. I submit my application for membership and declare that all the information given on this form is accurate and true.

Signature: Date:

Checklist:

Please allow 28 days for the process of your application

- Completed Application Form
- Current CV
- Copies of Qualifications – Academic and Professional
- Passport-sized Photograph
- Documentary Evidence for Specialised Manager Award (if appropriate)
- First Year Membership Fee
- Plus Specialised Manager Award Fee (if appropriate)

The options for sending the fees are as follows:

Bankers Draft made payable to The Institute of Management Specialists and sent by postal mail.

Bank Transfer using the details below:

Bank: NatWest **Branch:** Royal Leamington Spa **Sort Code:** 60-12-35
Account Name: IMS Ltd **Account Number:** 62953516
IBAN: GB71 NWBK 6012 3562 9535 16 **Swift (BIC) Code:** NWBK GB 2L

PayPal to: info@instituteofmanagementspecialists.org.uk

FOR OFFICE USE ONLY

Date Fee Received: Amount: Account No: Grade Awarded:

Certified Manager Award Title (if appropriate):

Approved By or Reason for Non-Acceptance: Certificate No:

Date of Election: Registration No: Date Cert/Dip sent: