



APPLICATION FOR MEMBERSHIP FORM

A) NAME OF APPLICANT: _____

Contact Address
.....
.....

TEL

Email.....

Date

B) DATABASE QUESTIONNAIRE

The aims of the questionnaire are to gain a profile of membership and help identify where attention should be placed to provide better services. Great care will be exercised to preserve the confidentiality of member information. IPMM will not make its membership list available to any other organisation.

Please complete the questionnaire by ticking the appropriate box.

1) **Industry**

Please show your employer's primary activity.

- | | |
|--|---|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Public Administration-Central Govt |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Public Admin-Local Govt |
| <input type="checkbox"/> Electricity and Water supply | <input type="checkbox"/> Education |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale and retail trade |

- | | | | |
|--------------------------|---------------------------------|--------------------------|-------------|
| <input type="checkbox"/> | Hotels, Motels, Restaurant | <input type="checkbox"/> | Transport |
| <input type="checkbox"/> | Finance, Insurance, Real Estate | <input type="checkbox"/> | Consultancy |
| <input type="checkbox"/> | IT Industry | | |

2) **SIZE OF ORGANISATION**

Indicate number of people employed where you are based.

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> 1 – 100 | <input type="checkbox"/> 100 – 200 | <input type="checkbox"/> 200 – 400 | <input type="checkbox"/> 400 - 600 |
| <input type="checkbox"/> 600 – 1000 | <input type="checkbox"/> 1,001 – 2,000 | <input type="checkbox"/> 2,001 – 3,999 | <input type="checkbox"/> 4,000 – 6,000 |
| <input type="checkbox"/> +6,000 | | | |

2) **JOB TITLE**

Which category corresponds to your job level within the organisation.

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | General Manager: | Chief Executive with overall responsibility for own function and Board Membership. |
| <input type="checkbox"/> | Senior Manager: | Overall responsibility but no main board representation. |
| <input type="checkbox"/> | Manager: | Responsibility for an activity within the overall function. Makes significant contribution to policy formulation. Day to day role is interpretive. |
| <input type="checkbox"/> | Senior Officer: | Senior position with strong professional role, supervisory responsibility for departmental work with no representation on management team. |
| <input type="checkbox"/> | Officer: | Experienced officer at first line management level, with more than two years experience as an officer. |
| <input type="checkbox"/> | Administrator/Assistant: | Less experienced officer at supervisory level, less than two years experience. |
| <input type="checkbox"/> | Consultant/Lecture: | |

4) **Key Responsibility Areas**

Name main areas of responsibility

- | | | | | | |
|--------------------------|-----------|--------------------------|----------|--------------------------|--------------------|
| <input type="checkbox"/> | Personnel | <input type="checkbox"/> | Training | <input type="checkbox"/> | General Management |
|--------------------------|-----------|--------------------------|----------|--------------------------|--------------------|

Experience Level

Below 3 years 4 – 9 years Above 10

5) **Areas of Interest (Name atleast four)**

Recruitment/Selection HR Planning Conditions of service Industrial Relations
 Reward Management Management Development Job evaluation Line Management
 Organizational Behaviour Pensions Lecturing/Research Occupational Health

6) **Current Education level**

Secondary Education Diploma Degree Postgraduate Diploma/ Masters

7) **Payment of Membership Fees**

Self Sponsored

8) **Attachments** - Please attach your recent CV, Certificate copies of your highest qualifications and two passport size photos.

9) **Names and addresses of Referees**

Referee no 1

Referee no 2

For IPMM Use Only

Executive Council Approval _____ Date _____
Signature

Our Banking Details

Name of Bank -National Bank; **Acct Name** -Institute of People Management; **Branch** -Victoria Avenue
A/c Number -1680471

