

FORM 2



Zambia Institute of Human Resource Management

APPLICATION FOR MEMBERSHIP

Application for **AFFILIATE** should be accompanied by:

One passport size photo

Copies of academic qualifications certified by a

Commissioner of Oaths and A detailed (CV)

Subscription K 1025

**PLEASE ENSURE THAT YOU COMPLET YOUR APPLICATION FORM
AND SUBMIT ALL THE NECESSARY DOCUMENTS TO FACILITATE
YOUR APPLICATION ANY INCOMPLETE FORM WILL BE REJECTED**

SEND ALL THE DOCUMENTS TO THE ADDRESS BELOW

THE REGISTRAR

ZIHRM account details

ZAMBIA INSTITUTE OF

Sort code : 052001

HUMAN RESOURCES MANAGEMENT

Swift code : ZNCOZMLU

P.O.BOX 51038

Account Number : 1087 360 300 101

RIDGEWAY, LUSAKA

Account Name : Zambia Institute of

TELEFAX: 260 211 234537

Human Resource Management

Branch Name : Lusaka Centre

E-mail: info@zihrm.org.zm

Branch

Bank Name : Zambia National

Website: www.zihrm.org.zm

Commercial Bank

FORM 2

SECTION 1

- 1. *Surname.....Title –Mr./Mrs./Miss/Dr.
- 2. Other Names.....
- 3. Sex - Male Female
- 4. Date of birth.....
- 5. Nationality
- 6. *E-mail address.....
- 7. Mailing Address..... Town.....
.....
Country..... Post code.....
Tele..... Fax.....
*Cell No.....



SECTION 2

CURRENT EMPLOYMENT

IF NOT IN EMPLOYMENT PLEASE SKIP THIS PART TO SECTION 4

- 1. Job Title.....
- 2. This post has been held from..... To
- 3. Employers Name.....
- 4. Employers main business.....
.....
- 5. Employers Town
- 6. *Tel work * E-mail work.....
- 7. What’s the main sector of your employing organization? Example manufacturing,
health service, Consultancy
etc.....
- 8. What’s your area of responsibility? For example Office Planning, Job Evaluation,
Training and Development etc.

SECTION 3

PRESENT EMPLOYMENT

- 9. How many employ does your organization have?
- 10. What's your position within the organistion?
- 11. How many years of experience do you have in Human Resource Management?
.....
- 12. How many employees are you directly responsible for...?.....
- 13. Do you recruit Human Resource Yes No

SECTION 4

ACADEMIC QUALIFICATIONS

Tick the box that applies to your highest academic qualification and specify further information were requested

- 14. Full Grade 12 GCE Certificate.....
- 15. Diploma (Specify).....
- 16. Bachelor Degree (Attach transcript of results)
- 17. Master's Degree (Specify subject of thesis)
- 18. Doctor (Specify subject of doctorate).....
- 19. Others (Specify level of Achieved.....

20. DEGREE/DIPLOMA OR CERTIFICATE

- 1.0 University/collage attended: _____
- 2.0 Title of Degree/Diploma Certificate: _____
- Year Awarded: _____
- 3.0 Specify length of time taken to qualify _____

FORM 2

21. PROFESSIONAL QUALIFICATIONS

1 _____
2 _____
3 _____
4 _____

22. REFEREES:

The application must be supported by two referees one of whom should be a preferably be the person to whom you report directly)

Name _____ Name _____
Address _____ Address _____

Institute Grade _____ Institute Grade _____
Or company position _____
Signature _____ Signature _____
Day time tell/cell _____ Day time cell/tell _____

23. DECLARATION TO BE SIGNED BY THE APPLICANT

I hereby make an application to the Committee of the Zambia Institute of Human Resource Management for admission to the Institute and I submit particulars in support of my application. If admitted, I undertake to accept and agree to abide by the code of ethics of the Institute and endeavor to advance its work. I further undertake not to use the meetings or organization of the Institute to promote any business interests of my own.

I certify that the entries on this form are correct

I enclose the appropriate fees totaling ZMK _____

(Please enter the amount which will be acknowledged)

Signature _____ Date _____