

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 600

Application fee K 50

Form K25

**PLEASE ENSURE THAT YOU COMPLETE 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**

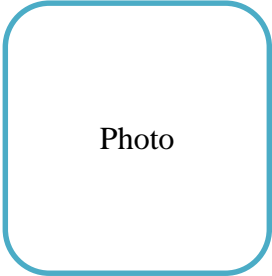
The Registrar
ZIHRM
PO Box 51038, Ridgeway
Lusaka
Off Lubambe Road
Northmead.

Email: info@zihrm.org.zm
Telefax: 234537/234536
Website: www.zihrm.org.zm

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..... NRC 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 _____