

Institute of People Management of Zimbabwe



APPLICATION FOR MEMBERSHIP

The following **MUST** accompany this form:

- JOINING FEE plus ANNUAL SUBSCRIPTION FEE. (See current Fee Sheet for amount payable)
- Certified copy of ID/Driver's Licence/ Passport
- Certified copies of certificates
- Proof of residence

N.B. •The following fees are non-refundable: membership joining fees; student application fee; module fee; examination fees. All other refunds will attract a 20% administration fee.

Please make payment **to : IPMZ or Institute of People Management of Zimbabwe**

Bank Details; (Stanbic Bank, Acc: 9140001685049, Parklane Branch , or CBZ Bank, Acc: 66161279330015, Avondale Branch , or ECOCASH Biller Code 72146, then post proof of payment or email the deposit slip indicating the purpose of the funds).

N.B. •If you are **RE-JOINING**, please indicate the year your membership **LAPSED**.....

Having completed this form and checked that you have signed and dated it overleaf, please post to :- IPMZ/ Institute of People of Zimbabwe. P O Box 10336 HARARE or deliver in person to the IPMZ National Office at 15 Argyle Road, Avondale, Harare.

By agreement with the Commissioner of Taxes, subscriptions may be claimed against Tax. PLEASE RETAIN YOUR SUBSCRIPTION RECEIPT FOR THIS PURPOSE and attach it to Page 2 of your Income Tax Return.

SURNAME _____ TITLE: Mr/Mrs/ Ms _____
Please print

FORENAMES _____
Please print

.ID/Driver's Licence/Passport Number	
ADDRESS to which all mail will be posted. Please Print	
National ID. Number :	D.O.B
Cell No.:	E-Mail:

FOR OFFICE USE ONLY	
Mem. No.	
STD Y/N	
Grade	
DOJ	
Branch	
Pvt Co Y/N	

For Office Use Only

Receipt No.:	
Amount:	\$
Date:	

Grade: _____

Initiated By: _____ Date: _____

Recommendation: _____

Signature: _____ Date: _____

Approved By: _____

Date: _____

Director

DETAILS OF UNIVERSITY DEGREE OR PERSONNEL/TRAINING QUALIFICATIONS

Title of Qualification	University/Institute/College	Country	Date	
			From	To

Certified Copies of Certificates in support of application MUST accompany this form.

MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTES

Please give details of name of Institute. Date of joining and membership grade.

WORK EXPERIENCE AND RESPONSIBILITIES.

Please supply a brief history of work experience. **This section MUST** be completed.

Please give details in date sequence from the present back to your first job and **EXPLAIN ANY GAPS IN THE DATES SUPPLIED.**

Date from & to (Year & Month)	Position Held	Employer	Description of Duties	Immediate Superior's Designation

PLEASE RE-READ THE INFORMATION YOU HAVE SUPPLIED ON THIS FORM, AND ENSURE THAT IT IS CORRECT. *If there is insufficient space provided, please attach an additional page.*

The Membership Committee of IPMZ uses this information to grade your application.

Without your signature, this form will **NOT** be processed.

I,..... certify that the information I have supplied is true and correct in all particulars.

SIGNATURE : _____

DATE : _____

INSTITUTE OF PEOPLE MANAGEMENT OF ZIMBABWE

STUDENT APPLICATION FORM (Please complete this section if you intend to enrol for any of the IPMZ Diplomas)

Student enrolment fee must accompany this form. (See current Fee Sheet for amount payable)

I intend to study for:	
H R MANAGEMENT DIPLOMA	
H R DEVELOPMENT DIPLOMA	
LABOUR RELATIONS DIPLOMA	

QUALIFICATIONS

Certified copies of certificates must accompany this application.

O Levels : Minimum of 5 'O' levels Number passed : Grade C & above (including English and Maths/Accounts		'A' Levels : Number passed : Grade E & above
CERTIFICATE/S		
DIPLOMA/S		
DEGREE/S		
OTHER QUALIFICATIONS		
RELEVANT COURSES ATTENDED		

CURRENT EMPLOYMENT

ORGANISATION		Position Held	
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<p>SELECTED SUBJECTS. <i>NB : 1. The onus is on the student to choose the subjects necessary for the Diploma required. Read the Diploma Regulations carefully before selecting subjects.</i> 2. <i>Students may pay for 10 subjects at once, but are advised to spread their studies – and their purchases - over 18 months of study and 6 months of industrial attachment.</i></p>	OFFICE USE ONLY		
	REC	AMT	DATE
1			
2			
3			
4			
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10			

I accept all the conditions set out in the Diploma Regulations.

Signature _____ Date _____