



Institute of People Management Of Zimbabwe (IPMZ)

APPLICATION FORM FOR PROFESSIONAL MEMBERSHIP

SECTION A: Personal Details

Surname		Title	Gender	M	F
First Name(s)		Preferred Title			
Postal Address					
Residential Address					
Cell Phone No					
Office Telephone					
Home Telephone					
Fax					
Personal Email Address	<i>E-mail contact is <u>required</u> for professional registration</i>				
Alternate Email Address	<i>Please indicate which is the preferred e-mail address</i>				
I.D. Number	<i>Please attach copy of ID to the application</i>				
Registration with other Professional Bodies					
References on letter heads from two employers i.e. current and previous or suitable alternative. References should allude to period/s of employment, positions held, competences, character and ethical conduct. You may be asked to explain the use of an alternative referee, in the event that the referee is not a corporate body.	Name:	Tel:			
	Position:	Organisation:			
	Name:	Tel:			
	Position:	Organisation:			

Section B: Employment History

A comprehensive CV must be attached.

Kindly list all information starting from your current employer to the first employer. This summary is required.

Company Name	Job Title	Period of Employment in years & months	Employment Dates <i>(e.g. Oct 2006 – Sept 2010)</i>	Size of Company <i>(Number of employees)</i>

Section C: Qualifications History

*Kindly provide a detailed summary of your completed qualifications. Please attach **certified** copies of all academic and professional records.*

Qualification	Awarding Institution	Studied from	Studied to	Graduation Date	Major Subjects

Section D: Professional Membership Levels/Grades

Below is a list of the levels/grades available for registration. Before you select a level please ensure that you are familiar with the registration requirements listed in IPMZ’s Professional Membership Regulations available on our website or offices. You will not be eligible for levels of registration for which you do not qualify (have the required knowledge and experience). **In all cases, two (2) confidential written character and competence references are required. All requirements for Professional Certification need to be met.**

Specific Requirements for each Professional Membership Level/Grade (Section 8 of the IPMZ regulations)	Professional Grade	Generalist Category	Specialist Category
		Tick where appropriate	
<p>Chartered Human Resource Practitioner (CHRP) Specific Requirements (Section 8.4)</p> <p>(Levels : Generalist; Specialist; Consultant) IPMZ Diploma is a must. Other qualifications will be an added advantage. Years in Profession: 15 years of which three (3) years are at executive level developing strategy at corporate level (Head of HR for the Corporate).</p> <p>OR IPMZ Higher Diploma. Other qualifications will be an added advantage Years in Profession: 13 years of which three (3) years are at executive level developing strategy at corporate level (Head of HR for the Corporate).</p> <ul style="list-style-type: none"> • Include Organogram showing current reporting structure (refer to the regulations, section 7.1.4) • Include Relevant Research/Project paper not older than 2 years. (refer to the regulation, section 8.4.8) <p>CHRP Consultant: Applicant must meet the criteria of the CHRP but practising as a consultant for at least 2 years.</p>	<p>CHRP C</p>	<p>CHRP G</p>	<p>CHRP S</p>
<p>HR Practitioner Specific Requirements : (Section 8.3)</p> <p>IPMZ Diploma is a must. Other qualifications will be an added advantage. Years in Profession: 10 years of which three must have been at managerial level</p> <p>OR IPMZ Higher Diploma. Other qualifications will be an added advantage Years in Profession: 8 years of which 3 must have been at managerial level</p>	<p>HRP</p>	<p>HRP G</p>	<p>HRP S</p>
<p>HR Technician Specific Requirements : (Section 8.2)</p> <p>IPMZ Diploma is a must. Other qualifications will be an added advantage Years in Profession: five (5) years' experience in the profession of which 3 years must have been at HR officer level:</p>	<p>HRT</p>		

<p>HR Graduate Specific Requirements : (Section 8.1)</p> <p>IPMZ Diploma. Other qualifications will be an added advantage Years in Profession: Not applicable. However must be employed in the profession</p>	<p>HR Grad</p>		
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Select the area(s) of specialisation from the list below

Human Resource Planning	Resourcing	Performance Management	Learning & Development	Compensation/ Reward Management	Labour Relations Management	Safety, Health, Wellness & Environmental Management	Organisational Development
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Primary Membership Grade			
	Fellow	Full Member	Associate/Student
Tick the appropriate grade			

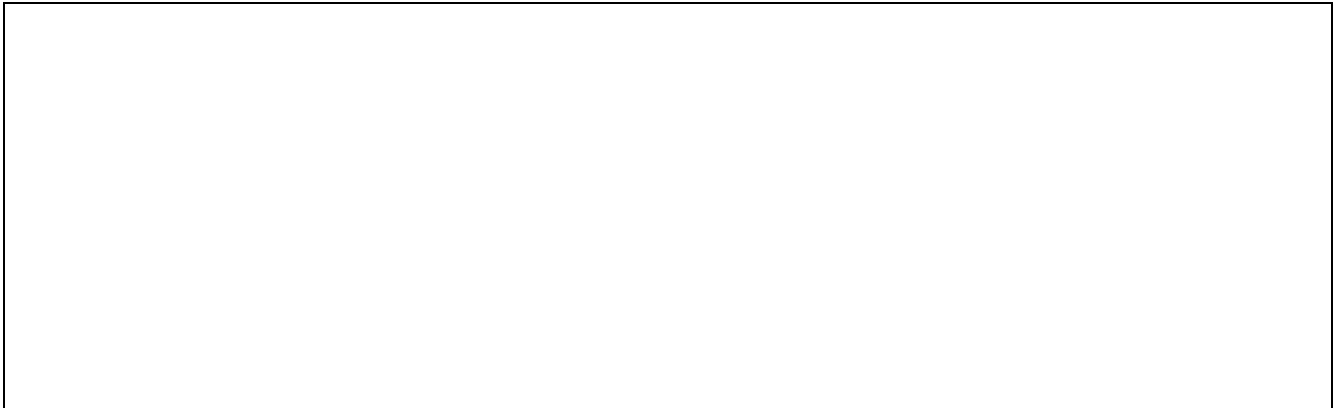
Section E: Levels of Competence

The following section is designed to solicit practical evidence of competence (not theory) against the Competence Framework for the grade applied for in the relevant pillars of the HR practice. For aspiring generalists your response under each selected pillar should be in no more than 500 words while for aspiring specialists the response in the area(s) of specialisation should be in no more than 1000 words for each pillar.

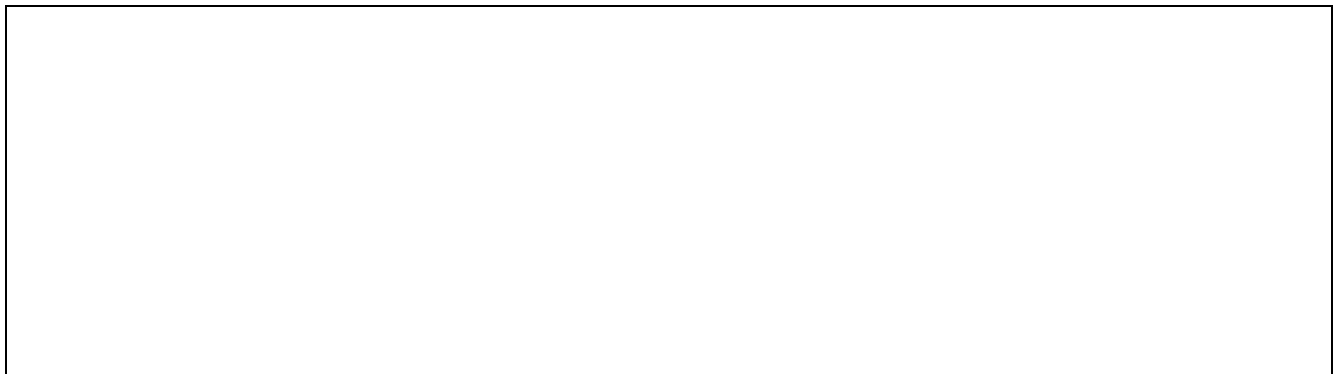
E.1 What has been your contribution in the following pillars of the Human Resources practice?

1. Human Resources Planning

2. Resourcing



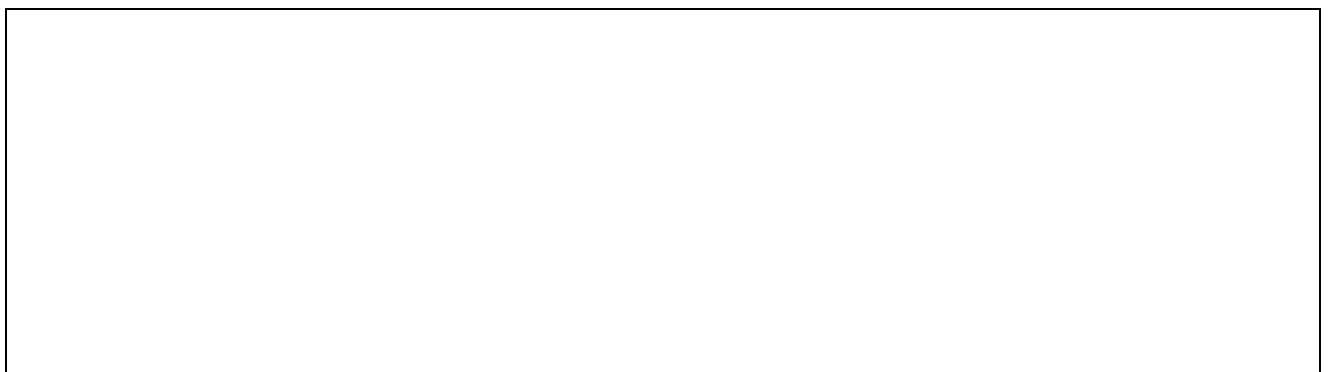
3. Performance Management



4. Compensation



5. Learning and Development



6. Labour Relations Management

7. Health, Safety, Wellness and the Environment Management

8. Organisational Development

E.2 Describe how the professional knowledge and experience you have gained will help you over the next five years.

Section F: Payment of Fees

Please note that your application will not be processed until the appropriate fees have been paid.

Fees structure

<u>Grade</u>	<u>Initial fee</u>	<u>Renewal fee</u>
1. CHRP	\$200	\$100
2. HRP	\$100	\$ 50
3. HRT	\$50	\$ 30
4. HR Grad	\$30	\$30

I hereby apply for registration with IPMZ at the level and category indicated on this application, and enclose the sum of US\$, being the application fee.

Method of Payment

Tick preferred method of payment

Please indicate the method of payment. Also attach the Proof of Payment.

Electronic Transfer		Direct Deposit		Cash		Cheque	
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For Electronic Transfer (Banking) and Direct Deposits

Please use initials and surname to enable easy identification of your payment on our bank statement.

Our Banking Details:

**Institute of People Management of Zimbabwe
Stanbic Bank
Parklane Branch
Account Number: 9140001685049**

Proof of Payment Attached

Proof of Payment e-mailed

**Institute of People Management of Zimbabwe
CBZ
Avondale Branch
Account Number: 66161279330015**

**Or
ECOCASH BILLER CODE 72146**

Please note: if the account is paid electronically, kindly ensure that your surname and initials appear on our statement and not just the Company Name. Enquiries can be directed to the Finance Executive on 04700712 – 14 - 20 or e-mail finance@ipmz.co.zw

Section G: Attachments

I hereby confirm that I have attached the following documents:

- Proof of Payment (scan and email to membership@ipmz.co.zw);
- Application Form completed in full;
- Certified copy of National I.D. Card
- Certified Copies of all HR qualifications;
- Detailed Curriculum Vitae of working experience.

Post or deliver the completed form and attachments to IPMZ House, 15 Argyle Road, Avondale, Harare, Zimbabwe.

Section H: Professional Declaration to be signed by Applicant

1. In keeping with the IPMZ Code of Professional Conduct, I hereby certify that all the information presented on this form is correct and complete, and that action can be taken against me if this is not the case.
2. I attest to the fact that all the qualifications I hold and which are presented here represent qualifications I obtained at an Educational Institution recognised by IPMZ.
3. I attest to the fact that no disciplinary finding has been made which indicates my incompetence, breach of ethical behaviour or misconduct. The Board reserves the right to make any enquiries or take action it deems appropriate or necessary.
4. I acknowledge that as far as my statement of experience, competence and skills is concerned, the burden of responsibility of proof that this is a true reflection of the situation is mine.
5. I understand that all monies will immediately be forfeit and the application discarded if false information is found and have been supplied.
6. I acknowledge that the Status Adjudicating Committee may require further proof from me if needed including an interview and/or site visit.
7. I undertake to observe and be bound by the provision of the Charter and regulations of the IPMZ.
8. I make a personal professional commitment to the profession, to ethical standards and to excellence as detailed in the IPMZ documentation.

REVISED FEBRUARY 2017

9. As a professional member of IPMZ, I hereby agree to abide by the principles and objectives of continued professional development as prescribed by the IPMZ and complete the required forms as and when received from the IPMZ.
10. I agree to pay the annual renewal fees.
11. I agree to receive electronic and other forms of communication from IPMZ.
12. I will update IPMZ of all changes to my address employment status and other personal contact details.

Applicant's Signature: _____

Date: _____