

CHARTERED INSTITUTE OF PERSONNEL MANAGEMENT SRI LANKA (INC.)
UPGRADING OF MEMBERSHIP

FOR OFFICE USE ONLY

1. Name of the Applicant
2. Date Application received
3. Date of the Membership Interview

4. Recommended for upgrading to the grade of:

Member

Fellow

5. Interview Panel:

Name	Signature
I.
II.
III.
IV.
V.

6. Approved at the Council Meeting held on

7. Signature of the President/ Honorary Secretary

.....

8. Date

.....

9. Membership Number

.....

10. Date of Certificate Issued

.....

1. PERSONAL DETAILS OF THE APPLICANT

- i. Title : Mr./ Ms./ Dr./ Prof/
- ii. Full Name :
- iii. Last Name :
- iv. Name with initials :
- v. NIC Number :

vi. Address:

a) Residential Address	b) Official Address

vii. Contact Numbers:

a) Residential	b) Mobile	c) Office

viii. Email Address:

a) Personal	b) Official

2. CURRENT MEMBERSHIP

- Current Membership Category :
- Date of Enrolment :
- Year of Last Membership Subscription :

3. DETAILS OF CIPM QUALIFICATIONS:

No.	Qualification	Year of Completion	Student Number
01	Professional Qualification in Human Resource Management (PQHRM)		
02	National Diploma in Human Resource Management (NDHRM)		
03	Certificate Course in Human Resource Management (CCHRM)		
04			

4. DETAILS OF HRM DEGREES :

No.	Qualification	University	Year of Completion
01	Master of Science in Human Resources Management		
02	Bachelor of Science in Human Resource Management		
03			

5. EMPLOYMENT RECORDS:**i. Details of the Current Employment**

Organization :

Designation :

Duration From : To:

Please attach the JD & Organizational Hierarchy highlighting your position, certified by the Head of your Department

ii. Details of previous Employments (HR Management Positions Only)

Organization	Designation	From – To (MM/YY)

6. TRAINING IN PERSONNEL MANAGEMENT OR SPECIALISED FUNCTION OF HR MANAGEMENT

No.	Training Program	Organization	Duration
01			
02			

7. REFEREES:

A CORPORATE MEMBER of the institute (Fellow Member/ Member/ Associate Member) and a SENIOR MANAGER IN YOUR ORGANIZATION who could give information about your present work should be referred to.

i. Recommendation of the Corporate Member

Name :

Membership Category & Number :

Signature :

ii. Recommendation of a Senior Manager in your Organization

Name :

Designation/ Rubber stamp :

Signature :

8. MAKE SURE YOU HAVE ATTACHED ALL THE SUPPORTING DOCUMENTS USING THE CHECKLIST BELOW:

- | | |
|---|--------------------------|
| i. Certified copy of the JD | <input type="checkbox"/> |
| ii. Organizational Hierarchy highlighting the position | <input type="checkbox"/> |
| iii. Copies of the Service Records & Service Certificates from previous employers | <input type="checkbox"/> |
| iv. Recommendation letter from the Head of the division | <input type="checkbox"/> |
| v. Continuous Professional Development record of last 12 Months (Annex: I) | <input type="checkbox"/> |
| vi. Continuous Professional Development Plan for coming two years (Annex: II) | <input type="checkbox"/> |

9. PLEDGE:

I, the undersigned hereby make application for upgrading the Membership of the Chartered Institute of Personnel Management Sri Lanka (Inc.). I understand that the grade to which I may be selected shall be deemed by the Council to be appropriate and if elected, I agree to abide by the By-Laws and the Code of Ethics of the Institute as long as I remain a member of the Institute. I confirm that the information regarding my experience and HR related activities given above are correct to the best of my knowledge.

.....
Date

.....
Signature

Annexure I

CONTINUING PROFESSIONAL DEVELOPMENT RECORD PAST 12 MONTHS

Covering Period:

No.	DATES	WHAT DID I DO?	WHY?	WHAT DID I LEARN FROM THIS?	HOW HAVE/WILL I USE THIS ANY FURTHER ACTION
1.					
2.					
3.					
4.					

Annexure II

CONTINUING PROFESSIONAL DEVELOPMENT PLAN FOR FORTHCOMING 2 YEARS

NO.	WHAT DO I WANT/NEED TO LEARN	WHAT WILL I DO TO ACHIEVE THIS	WHAT RESOURCE OR SUPPORT WILL I NEED	WHAT WILL MY SUCCESS CRITERIA BE	TARGET DATES FOR REVIEW AND COMPLETION
1.					
2.					
3.					
4.					