**ACCELERATED UPGRADE APPLICATION–UPGRADE FROM ASSOCIATE TO FULL MEMBER**

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| --- |
| **APPLICANT DETAILS** |
| Surname |  |
| Other Names |  |
| Phone Number |  |
| Email Address |  |
| Residential Address |  |
| Residential Phone |  |

**EDUCATIONAL ATTAINMENT- Higher Degree (i.e., Master’s Degree, Ph.D.)**

|  |  |  |  |
| --- | --- | --- | --- |
| QUALIFICATION | INSTITUTION ATTENDED | YEAR OF GRADUATION | **Scores** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TRAINING- Three (3) CIPM Trainings (MCPE or SHRF) ((The Courses Must Have Been Attended Within the Last three Years)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N  | TOPIC  | ORGANIZERS | YEAR  | **Scores** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

**Two (2) Attendances at Other Non-Fee-Paying Events of the Institute**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N  | TOPIC  | ORGANIZERS | YEAR  | **Scores** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

**JOB HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF ORGANIZATION  | POSITION HELD | DATE (e.g.) 2001- 2002 | **Scores** |
|  |  |  |  |
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| --- | --- | --- |
| **CURRENT DESIGNATION**  |  |  |

|  |  |
| --- | --- |
| **CONTRIBUTION TO THE INSTITUTE** | **Scores** |
| Membership of State/HR Branch and participation at the state conference |  |  |
| Membership/Participation in National Committee/Council Meetings |  |  |
| **Attendance at Institute’s** Annual General Meeting |   |  |

|  |  |  |
| --- | --- | --- |
| **Publications/Facilitation of Lectures/ Examiner*** Facilitation of CIPM training/Knowledge Sharing sessions at (National and Branch levels) or other training
* Publication of HR Articles/Content/ Resources/ Research/ Reports/Survey on the CIPM website, Journals, and Books.
* Role as an Examiner

**Mentorship and Coaching*** Volunteer as a Coach and Mentor in the CIPM Coaching and Mentoring Program
* Serve as HR Knowledge Advisors
* Internship Opportunities for young HR professionals
 |  |  |
| **Date of Admission to ACIPM Grade** |  |  |
| **Valid Human Resource Practitioners’ Licence (Mandatory)** |  |  |

**NB:**

* **Kindly type in your information. Please do not scan or PDF the upgrade application form.**
* **Evidence of information provided should be attached alongside the Upgrade application form**
* **Forward filled and completed form to** **upgradeapplications@cipmnigeria.org**