

# The Institute of Certified Business Consultants

## Application Form

### I. Personal Information (Please Print Clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mid Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Prefix (Mr, Ms, Mrs, Dr) \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Country: \_\_\_\_\_

Employer: \_\_\_\_\_ Industry: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business FAX: \_\_\_\_\_ Country: \_\_\_\_\_

Preferred Mailing Address:  Home  Work Email Address: \_\_\_\_\_

Name, as you wish it to appear on your certificate: \_\_\_\_\_

### 2. Academic Details (Please Print Clearly)

Qualifications obtained. Please list all of your academic and professional qualifications, giving title, year and place of study.

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### 3. Career Details (Please Print Clearly)

Present Company/Organisation. \* If less than 3 years then please add details of previous employer.

Company Name: \_\_\_\_\_ Date Joined: \_\_\_\_\_

Division: \_\_\_\_\_ Public/Private (delete as appropriate)

Please indicate which description best fits your company's business:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Manufacturer/Importer            | <input type="checkbox"/> Business/Industrial/Product Manufacturing | <input type="checkbox"/> Consumer Durables-Manufacturer/Importer |
| <input type="checkbox"/> Retailer/Wholesaler              | <input type="checkbox"/> Publishing                                | <input type="checkbox"/> Consumer Durables-Retailer/Wholesaler   |
| <input type="checkbox"/> Retailer/Wholesaler              | <input type="checkbox"/> Financial Education                       | <input type="checkbox"/> Business/Industrial Services            |
| <input type="checkbox"/> Business Industrial distribution | <input type="checkbox"/> Consumer Services                         | <input type="checkbox"/> Financial Consultancy                   |
|   | <input type="checkbox"/> Public Sector                             | <input type="checkbox"/> Non-Profit Making                       |

#### 4. Your Current Appointment (Please Print Clearly)

Job Title: \_\_\_\_\_ Date Joined: \_\_\_\_\_

Director/Middle Manager     Junior Manager     Senior Manager     Other (Please Specify) \_\_\_\_\_

Are you self-employed?    Yes     No

#### 5. References (Please Print Clearly)

A REFERENCE MUST BE SUPPLIED BEFORE THE APPLICATION CAN BE PROCESSED.

The referee must be a director or senior officer of your company or organization. If you are self-employed, or head of your organization, the referee may be a previous employer or professional advisor.

I have known the applicant for \_\_\_\_\_ years and support his/her application for membership. To the best of my knowledge, the details of his/her application are correct.

Name: (CAPITALS) \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Signature: \_\_\_\_\_

#### 6. Signature

I agree to accept the decisions of the Council as my eligibility for election to the appropriate grade of membership. If selected I agree to abide by the Institute's Charter and Bye-laws and to observe the provisions of the Institute's Code of Professional Standards. I conform that the information supplied in support of my application for membership is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# The Institute of Certified Business Consultants

## Waiver Form

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials, or allow my membership of the Institute of Certified Business Consultants to lapse I, understand and agree that my ICBC Status will be revoked and my membership terminated. I affirm that all the information that I have provided to ICBC is true, correct, and complete and I agree to hold harmless and indemnify the ICBC and its Officer, directors, employees and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last 10 years and I am not under any investigation by any legal or licensing board.

Membership of ICBC does not constitute the grant of a license or other licensing authority by or on behalf of the organization as to a member's qualifications, abilities or expertise. The Institute of Certified Business Consultants does not endorse, guarantee or warrant the credentials, work or opinions of any individual member.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_