

Chartered Management Institute Qualifications Registration Form



Thank you for choosing to undertake your management qualification with CMI, the leading organisation for professional management in the UK. Learners choose CMI Approved Centres because they can rely on the high standard of provision and the value of the professional support provided by the Institute.

An integral benefit of your qualification is that you receive complimentary Affiliate Membership of CMI; this will give you all the information and advice you need to help you succeed on your course and throughout your management career.

To ensure prompt registration of your membership, please complete this form fully and accurately and in BLOCK CAPITALS and give it to your Programme Director who will register you with us. You will then receive your welcome letter, together with details of your membership and how to access the services.

To view the CMI's data protection policy, please visit our website: www.managers.org.uk/dataprotection

Please complete in BLOCK CAPITALS

QUALIFICATION DETAILS

1. Please state qualification title(s) and code(s):

2. Dual Top-Up
 (Please tick if appropriate)

3. Please state unit code(s) for optional units (if known):

4. If known, please state Institute membership number:

5. If known, please state Scottish Candidate Number:

6. If known, please state Unique Learner Number:

CONTACT DETAILS

7. Surname:
 (As it is to appear on certificate)

Forename(s):
 (As they are to appear on Certificate)

8. Title (Mr, Mrs etc):

9. Gender:

10. Date of Birth*:

*necessary for web access

11. Mailing Address: Home Work
 (please tick)

12. Tele:

Postcode:

13. Email:

14. Employers Name:

(if not already included in Mailing Address)

15. Job Title:

16. SIC Code:

17. Job Code:

(see page 2 for Industry and Job Codes)

17. Qualification paid for by:

Myself

Employer

Myself & Employer

Government Agency

FOR CENTRES TO COMPLETE

Centre Name:

Centre No:

Start Date:

CMI supports the principle and practice of equal opportunities and opposes all unlawful or unfair discrimination on any grounds including gender, marital status, colour, racial origin, creed, nationality, disability or social background. CMI aims to ensure that unlawful or unfair discrimination, whether direct or indirect, is eliminated both in access to and assessment of its qualifications and that equality of opportunity is promoted.

18. Ethnic Origin

White	<input type="checkbox"/> British	Mixed	<input type="checkbox"/> White and Black Caribbean	Asian or Asian British	<input type="checkbox"/> Asian British	Black or Black British	<input type="checkbox"/> Black, British	Other	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> Other	<input type="checkbox"/> White and Asian	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other	
		<input type="checkbox"/> Other		<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other				

19. Special Needs: Do you have a learning disability? Do you have particular assessment requirements?

In which language is your assessment being undertaken?

English Welsh English / Welsh

Please select your industry and job classification from the lists below and enter one of each in the appropriate boxes page 1:

Industry

Code	Description				
2233	No information provided	2187	Agriculture, forestry & fishing	2193	Air force
2194	Army	2188	Business services	2189	Central government
2190	Construction	2191	Consultancy/Business Advice	2192	Creative/media
2196	Defence other	2197	Education	2198	Electricity, gas & water supply
2199	Engineering	2201	Finance & insurance	2200	Fire & Rescue
2203	Hospitality & catering	2204	Housing & real estate	2205	IT
2206	Justice/security	2207	Legal & accounting services	2208	Leisure & tourism
2209	Local government	2210	Manufacturing and production	2211	Mining & extraction (incl oil & gas)
2195	Navy	2212	Police	2213	Telecommunications & post
2214	Transport & logistics	2215	Wholesale & retail	3830	Young Learner

Job Function

Code	Description				
2234	No information provided	2216	Administration	2217	Advertising/PR/Corporate Affairs
2228	Customer Services	2218	Distribution/logistics	2219	Engineering
2220	Facilities	2221	Finance/accountancy	2222	HR/Personnel/training
2223	IT	2224	Legal	2231	Marketing
2225	Operations	2232	Other	2226	Production
2227	Purchasing/Contracting	2229	R&D	799	Retired
2230	Sales	1579	Self Employed		

PLEASE SIGN BELOW AND PASS THIS REGISTRATION FORM TO YOUR PROGRAMME DIRECTOR.

Registration approved by:

Signature of Programme Director

I agree to abide by the Assessment Regulations of the Institute:

Signature of learner

Date:

PROGRAMME DIRECTORS: The completed forms should be checked and signed and the learner should be registered with CMI **within six weeks** of the start of the qualification.

"The Management Awarding Body"