

INSTITUTE OF PROJECT MANAGEMENT PROFESSIONALS

(Motto: Training Project Management Professionals)



PROJECT MANAGEMENT PROFESSIONALS MEMBERSHIP (TRAINING, DEVELOPMENT, & CONSULTANCY SERVICES-TDCS)

APPLICATION FORM FOR MEMBERSHIP

THE INSTITUTE PREAMBLE

¹With the recent promulgation of the new Public Financial Management Act, 2016, Act 921 and the adoption of the Ghana Integrated Financial Management Information System (GIFMIS), the need for further strengthening of the national capacity for effective development planning, among others, has become more imperative. ²The demand for project management professionals is increasingly vital to many areas of business today as a result of organizations embarking on complex projects with the view to creating unique products and services. Projects specification, scope statement and profiling require expert knowledge in cost, time, and quality management. In this regard, the Institute of Project Management Professionals (IPMP), which is also a professional platform for public and private sector management specialists was established.

Post Office Box WY. 2367 | Dome-Kwabenya, Ga East Municipality | Greater Accra-Ghana, West Africa
Tel: +233 (0) 244 111 612 | 242 624 422 | Email: info@ipmp.edu.gh | Web: www.ipmp.edu.gh
Office Location: Same Building with Ga Rural Bank Ltd, Adjacent Lucky Oil, Via Tippa Junction,
Kwabenya, Accra-Ghana

Please indicate the Membership Level you wish to pursue:

.....
Indicate your choice Project Management Professionals (PMP) Membership Level.

- a) Project Management Foundation (Student, Associate, & Full Membership)
- b) Project Management Intermediate (Chartered, Master, & Consultant/Engineer)
- c) Professional (Fellow, Honoring Fellow, Distinguished Fellow)

Date of Program: From: **To:**

SECTION A: NOMINATING ORGANISATION

1. NAME OF ORGANISATION:

2. INDICATE WHETHER: PUBLIC PRIVATE NGO/PARASTATAL

3. ORGANISATIONAL ADDRESS:

E-mail: Mobile No... Tel. No.....

SECTION B: PARTICULARS OF APPLICANT

4. FULL NAME.....

(IN BLOCK CAPITALS: MUST BE HOW YOU WANT IT ON YOUR CERTIFICATE: SURNAME UNDERLINED)

5. NATIONALITY:

6. AGE: 7. DATE OF BIRTH 8. GENDER

9. EDUCATIONAL BACKGROUND

(List Certificates, Diplomas, Degrees etc, Possessed with dates)

DATE		INSTITUTION	QUALIFICATION
FROM	TO		

10. How long have you been working:

11. Present position and duties:

a. Position: No. of Years:

b. Duties (in Brief):

.....
.....

12. Specialty: Briefly state how the project management professional's membership fits in with your present job and future plans:

.....
.....
.....

13. CPD Training Status: Required Not Required
(Tick the appropriate box)

If required, would you prefer: Online Face-to-face

14. Sponsorship: (Tick the appropriate box)

a. Self-Sponsorship b. Official Sponsorship

SECTION C: PROJECT MANAGEMENT PROFESSIONALS TRAINING DURATION

15. Professional Certification (Tick the appropriate box)

- a. Certificate b. Advance Certificate c. Professional Diploma
d. Professional Advance Diploma d. Professional Graduate Diploma
e. Professional Post Graduate Diploma f. Professional Doctorate

16. Project Management Professionals CPD Training Programme Duration: (Tick the appropriate box)

- a. 6months b. 8months c. 10months d. 12months

SECTION D: SIGNING & OFFICIAL VALIDATION

Signature of Applicant Date.....

Official Validation Date
(Should be signed and validated by a senior officer)

SECTION E: SPONSOR'S OFFICIAL NOMINATION

This section must be completed by the Head or a representative of the organization of applicants who answered question 14b.).

I wish to nominate the above applicant for admission to the above course.

Name of Officer Nominating.....

Rank/Title:

Signature and Official Stamp..... Date:

SECTION G: SELF SPONSORSHIP

This section must be completed by the Officer Sponsoring himself/herself.

16. I wish to nominate myself for admission to the above course.

Name of Officer:

Rank/Title:

Signature and Official Stamp..... Date:

SECTION H: FOR OFFICIAL USE ONLY

APPLICANT ADMITTED: YES NO

Duration of Course.....

Course Fees:

Amount To Be Paid	Date of Payment	Balance (if any)

Signature: Date:

Officials Name: Position:

Email: Official Phone No.:

SECTION I: FOR OFFICIAL USE ONLY – FINAL APPROVAL

This section of the form should be approved by the Executive Board Member of the Institute of Project Management Professionals, Ghana.

Signature: Date:

Officials Name: Position:

Email: Official Phone No.:

OFFICIAL ADDRESS

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