



CICM Application

Please complete this form in **black ink** to apply for CICM membership. Should you require any guidance, please call 01780 722903.

To help us process your application, please provide a copy of your current **job description** and **CV** showing your role in the overall management structure of the company.

Detailed below is the CICM membership structure, which shows all the grades available to you, and those available throughout your career in credit management:

Affiliate (a membership grade with no entry requirements)

- For those studying for CICM qualifications.
- For those working in the credit or related industries.

Associate (designatory letters ACICM)

- For those who have a relevant and recognised qualification at Level 3, covering at least 2 units of the CICM examined syllabus together with 2 years credit employment experience.

Member (designatory letters MCICM(Grad) or MCICM)

- MCICM: for those who can demonstrate a minimum of 5 years experience at management level in the credit profession.

Fellow (designatory letters FCICM)

- FCICM: for those MCICM and MCICM(Grad)s who meet the current fellowship criteria, (see www.cicm.com for details).

Membership grade will be awarded according to your credit experience and qualifications. We aim to confirm your entry grade within 4 weeks of receipt of your application form.

1 Personal Information

Personal and employment details

Title (Mr, Mrs, Miss, Ms)	Surname	
First name	Middle name	Date of birth
Private address		
	Postcode	Telephone
Home email	Mobile	
Unique Learner Number (ULN) <i>(if known)</i>		

Please provide a copy of your passport or photographic driving licence as proof of your identity.

Email address _____ Twitter account @ _____

Additional email used for social media _____
(please specify)





2 Employment details

Title of your present job	Job title on joining company
Date of taking up your present job	Date of joining company
Line Manager (Job Title)	
No. of reports	No. working in credit and collections
Company name	
Nature of business	
Address	
	Postcode
	Telephone
Email	Mobile

3 Payment

A Direct Debit **One payment** **12 payments** (please specify)

I will pay the amount by Direct Debit, I have completed the mandate below.

 Chartered Institute of Credit Management	Instruction to your bank or building society to pay by Direct Debit	
Please fill in the whole form using a ball point pen and send to: Chartered Institute of Credit Management, The Water Mill, Station Road, South Luffenham, OAKHAM, LE15 8NB		
Name and full postal address of your bank or building society		
To The Manager Bank/Building Society	Service user number	
Address	9 9 2 7 9 1	
Postcode	Reference	
Name(s) of account holder(s)	Instruction to your bank or building society	
Bank/building Society account number	Please pay Institute of Credit Management Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Institute of Credit Management and, if so, details will be passed electronically to my bank/building society	
Branch sort code	Signature (s)	
	Date	
DD17		
 Banks and building societies may not accept Direct Debit instructions for some types of account This Guarantee should be detached and retained by the payer		
The Direct Debit Guarantee		
<ul style="list-style-type: none">• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits• If there are any changes to the amount, date or frequency of your Direct Debit Institute of Credit Management will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Institute of Credit Management to collect a payment, confirmation of the amount and date will be given to you at the same time of the request.• If an error is made in the payment of your Direct Debit by Institute of Credit Management or your bank building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – if you receive a refund you are not entitled to, you must pay it back when Institute of Credit Management asks you to• You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.		
		

B Debit or Credit Card

Please debit my Access/Visa/MasterCard/Euro Card for the registration fee and my first annual subscription.

Card holder's name _____

Card No

Card Issue No. or Valid From Date Expiry

CCV code (The last three digits on the signature strip of your card)

Signed _____ Date _____

C Cheque

A cheque for my registration is attached.
Cheques should be made payable to 'Institute of Credit Management'

D Invoice

Please provide an invoice for **my employer as detailed in part 2**. Registration will be processed on receipt of payment.

For current subscription rates visit www.cicm.com

4 Business referees

You need only provide the name(s) of referees who can confirm the length and nature of your credit experience if you wish to apply for Associate or Member grades. They should normally be your **current and former line managers**.

a) Name of referee _____ Job title _____

Company name and address _____

Postcode _____ Telephone _____

Employment relationship _____ Email _____

b) Name of referee _____ Job title _____

Company name and address _____

Postcode _____ Telephone _____

Employment relationship _____ Email _____

c) Name of referee _____ Job title _____

Company name and address _____

Postcode _____ Telephone _____

Employment relationship _____ Email _____

5 Ethnic group

The CICM is committed to racial equality. We invite you to tick the box that you feel describes your ethnic origin.*

- | | |
|--|--|
| <input type="checkbox"/> White - British | <input type="checkbox"/> Mixed - White and Black Caribbean |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Mixed - White and Black African |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Mixed - White and Black Asian |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Other ethnic group - Arab |
| <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Gypsy or Irish traveller |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Other - please state |
| <input type="checkbox"/> Asian or Asian British - Bangladeshi Asian or | <input type="checkbox"/> Prefer not to disclose |
| <input type="checkbox"/> Asian British - Chinese | |

*These have been based on 2011 Census ethnic group classifications

6 CICM's data protection policy

The ICM is registered with the UK's Information Commissioner under the Data Protection Act 1998 (the "Act"). All the data contained on this form, plus any that you may supply in addition, are held and processed electronically in accordance with the Act.

The Institute holds and processes your personal data in order to give you the full benefits of being a member for administrative and research purposes. The Institute does not sell your information to third parties.

We may from time to time notify you by post or email of details of CICM events or other similar CICM services or products which we think may be of interest to you. If you do not wish to receive such notification by post please tick here by email please tick here

If you subsequently decide that you do not wish to receive such notifications please email the Institute at unsubscribe@cicm.com or write to the Data Controller at the address given below.

The Data Protection Act gives you the right at any time to see a copy of all the data that we hold about you. If you would like a copy, please send a letter requesting this information with a cheque for £10 payable to Chartered Institute of Credit Management to: Data Controller, CICM, The Water Mill, Station Road, South Luffenham, OAKHAM LE15 8NB.

7 Declaration

I understand that the Institute may need to request additional information in order to assess my application for membership, and reserves the right to refuse any membership application.

I declare that all the particulars I have provided are correct. I undertake to further the best interests of the Institute and to abide by its Code of Professional Conduct (see www.cicm.com).

Signed _____ Date _____
(Applicant)

Please send the APPLICATION FORM and any supporting documentation (see checklist below) to: Membership Department, Chartered Institute of Credit Management, The Water Mill, Station Road, South Luffenham, OAKHAM, LE15 8NB. Please use correct postage.

Have you enclosed:

- Job description and CV? Proof of identity?
 Enclosed payment? Signed declaration (Section 7)?



Chartered
Institute
of Credit
Management

Chartered Institute of Credit Management

The Water Mill, Station Road, South Luffenham, OAKHAM, LE15 8NB
T 01780 722900 E info@cicm.com W www.cicm.com

