**Institute of Management Consultants Hong Kong**

**Application Form for Membership / Certification**

* Please complete Part A if you would like to apply for Full Member / Associate Member / Affiliate Member
* Please complete both Part A & Part B if you would like to apply for Fellow member (FIMC/FCMC) / Certified Member (CMC).

Please email the completed form to [adminsec@imchk.com.hk](mailto:adminsec@imchk.com.hk) or post it to Rm 1905 Nan Fung Centre, 264 Castle Peak Road, Tsuen Wan, NT, Hong Kong together with the deposit slip of application fee. **This application fee is not refundable if our Certification & Membership committee decided the applicant is not eligible for membership / certification application after review.**

## ***Membership Category***

|  |  |  |  |
| --- | --- | --- | --- |
| Membership  Category | Designation | Requirements | Selection |
| Fellow | FCMC/FIMC | 10 years+ consulting experience, contributions to IMCHK & the industry | By invitation |
| Certified Member | CMC | 3 years+ consulting experience, degree or equivalence | Certification  process |
| Full Member | MIMC | 3 years+ consulting experience, degree or equivalence | Panel  interview |
| Associate Member |  | 0 to 3 years of consulting experience | Certification & Membership  Committee  approval |
| Affiliate Member |  | Any interested individuals, non-practising consultants |

## **Application Fee and Annual Subscription**

|  |  |  |
| --- | --- | --- |
|  | Application Fee (HK$) | Annual Subscription (HK$) |
| Fellow Member (FIMC/FCMC) | - | 2,400 |
| Certified Member (CMC) | 800 | 1,900 |
| Full Member (MIMC) | 800 | 1,900 |
| Associate Member | 800 | 1,000 |
| Affiliate Member | 800 | 800 |

* Members joining after 1 July shall pay half of the annual fee.
* **The Application Fee is due on application.** Below are the payment details.

**By Cheque**

Post the completed Application Form with a cheque payable to "IMCHK Limited." to *“*Rm 1905, Nan Fung Centre, 264 Castle Peak Road, Tsuen Wan, Hong Kong”

**By Transfer**

Send the completed Application Form and the bank-in slip to *adminsec@imchk.com.hk*.

Bank Name: HSBC Hong Kong

Bank Account: 500-742507-001

|  |
| --- |
| ***Part A*** |

Recent photo

## **Membership Category**

Fellow Member (FIMC/FCMC) / Certified Member (CMC) / Full Member (MIMC) /

Associate Member / Affiliate Member

## **Personal Details**

**Name should be same as HKID Card or Passport.**

|  |  |  |
| --- | --- | --- |
| Surname | | Prof/Dr/Mr/Mrs/Miss |
| Other Names | | HKID Card / Passport No.(first 4 digits) |
| Chinese Name (if applicable) | | Date of Birth |
| Home Address | | |
| Tel | Mobile | Email |
| Business Address | | |
| Tel | | Email |
| Contact Address: Home / Business | |  |

## **Academic Qualifications and Professional Qualifications (in your area of practice)**

**An academic degree and relevant professional qualifications are needed to qualify for MIMC & CMC status. Please submit together with this application form with your resume which should include information about your career history, academic and professional qualifications.**

|  |  |  |
| --- | --- | --- |
| Dates | Name of university / professional body | Qualifications Attained |
|  |  |  |

Photocopy and make additional sheets if needed

## **Track Record of Self-development of behavioural skills and consultancy competence for personal growth**

|  |  |  |
| --- | --- | --- |
| Dates | Name of Organizer | Course / Programme Name |
|  |  |  |

Photocopy and make additional sheets if needed

## **Professional Experience for Fellow Member (FIMC/FCMC) / Certified Member (CMC) / Full Member (MIMC) application**

**A total of three years of management consulting (internal or external) experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates  From-To | Name of clients and  Contact number (#) | Role held  (M, P or A) | Project Title / Description of work undertaken - at least three projects that demonstrated your competency as a management consultant including but not limited to added value to the client, appropriate use of consulting tools and techniques etc. |
|  |  |  |  |

Photocopy and make additional sheets if needed

# At least 2 clients will be contacted for verbal feedback or written references/ / testimonials

M: Managing a project

P: Participating in and leading the work in one part of the project

A: Assisting in the project

MEMBERSHIP LISTING IN IMCHK WEBSITE

I authorize IMCHK to post my following information on IMCHK Website:

First Name: Last Name:

Email: Profession:

Qualification: Specialties (up to 3 points):

**PERSONAL DATA (PRIVACY) PROTECTION NOTICE**

**🞎 IT IS AGREED THAT:**

**1. The personal data collected in this form will be kept strictly confidential and made available only to IMCHK to use for purposes of membership record, marketing and communication with you.**

**2. After an application for assessment has been duly processed, the application papers of the candidates will be retained in a file established by the IMCHK for each applicant. Such information will be retained by IMCHK for as long as required by applicable laws and regulations, and after which it will be destructed.**

Please refer to [www.imchk.com.hk](http://www.imchk.com.hk) for details of IMCHK Privacy Policy Statement (PPS)

## **Declaration by Applicant for Membership**

I, the undersigned, apply for Membership status given by The Institute of Management Consultants Hong Kong (IMCHK). I have an interest in advancing the profession of management consulting in Hong Kong. I acknowledge and agree to abide by the IMCHK Code of Professional Conduct, updated from time to time, by the IMCHK Council.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

*By signing the application form, you will permit IMCHK representatives to contact the proposers and the clients directly for clarification of evidence submitted, if needed.*

**Proposer *(optional to sponsor Fellow, Certified and Full Membership applications)***

*The first proposer may be a member of IMCHK or relevant professional bodies, who has worked with the applicant and knows the applicant personally. Friends or acquaintances, without personal knowledge of the applicant's work, are not acceptable as the proposer. The second proposer is a client that has received consultancy services from you in the past.*

First Proposer

Having known the applicant from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ and being familiar with his/her experience of management consultancy, I propose and recommend him/her as a proper person for admission to membership of The Institute of Management Consultant Hong Kong Chapter.

Signature of 1st Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designatory Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position and Name and Address of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Proposer (one of your clients)

Signature of 2nd Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title / Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of Consultancy Services Received from Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Part B*** |

## **CMC Certification**

**Applicants having at least 3 years of management consulting experience and an academic degree or equivalence, is eligible to apply for the CMC Certification.**

## **Applicants need to provide at least 3 fairly detailed written consulting project assignment in a defined format (refer to the appendix), and client contact information for each assignment.**

## **Our Certification & Membership committee will invite the applicant for case study presentation and panel interview if we decide the applicant’s experience is qualified for CMC certification.**

## **If the applicant failed in the case presentation and panel interview, we can allow the applicant to retake within six months provided that applicant has paid the fee for retake.**

## **Certification Fee**

|  |  |  |
| --- | --- | --- |
|  | | Certification Fee (HK$) |
| First Time Certification which include the following: | | 3,500 |
| * Part I – Written Examination | | 1,000 |
| * Part II – Case Study Presentation and Panel Interview | | 2,500 |
| Notes: | |  |
| Re-sit for Written Examination | 250 | |
| Re-sit for Case Study Presentation and Panel Interview | 1,000 | |

* The Certification Fee is due after our Certification & Membership Committee reviewed the application and confirmed the applicant is qualified for case presentation and panel interview. Below are the payment details.

**By Cheque**

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**By Transfer**

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## **Declaration by Applicant for CMC Certification**

I, the undersigned, apply for CMC given by The Institute of Management Consultants Hong Kong (IMCHK). I have an interest in advancing the profession of management consulting in Hong Kong. I acknowledge and agree to abide by the IMCHK Code of Professional Conduct, updated from time to time, by the IMCHK Council. I undertake to pay the annual subscription in order to maintain the CMC designation. I declare that the information given in this application is true and accurate in each and every respect.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **For Office Use Only** | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
| Application Number: |  |  |  |  |  |  |  |
| Membership applied: |  | FCMC / FIMC / CMC / MIMC / | Associate | / | Affiliate / |  |  |
| Date Form received: | |  |  |  |  |  |  |
| Professional records verified: | |  |  |  |  |  |  |
| Qualifications verified: | |  |  |  |  |  |  |
| Panel Interview arranged: | | N/A \_\_\_\_ Yes \_\_\_\_\_ Outcome: | |  |  |  |  |
| Reference checked: | |  |  |  |  |  |  |
| Code of Professional Cconduct signed: | |  |  |  |  |  |  |
| Application fee paid: | |  |  |  | Payment reference no: | |  |
| Membership No: (YYnn) | |  |  |  |  | |  |
|  | |  |  |  |  | |  |