

THE CHARTERED INSTITUTE OF LOGISTICS AND TRANSPORT (CILT KENYA)

The Opportunity to Make a Difference has Never Been Greater!

STUDENTS APPLICATION FORM

To apply for a place, complete the application form return to:

Registrar

Institute of Logistics and Supply Chain Management, 7th Floor Victor House, Kimathi Street, Nairobi

Telephone: +254 (0) 20 2229008 / 15; 0722485532; 0710511075

Course Applied For:

CILT-K Certificate [] CILT--K Professional Diploma [] CILT-K Advanced Diplopma [] Project Management []

Monitoring and Evaluation []

Proposed date of entry.....

If you are applying for any other Course, please give the title.....

PERSONAL DETAILS

Family name..... First

name(s).....

Title (Mr, Ms, Mrs, Dr etc)..... Day Month Year

Male/Female..... Date of birth.....

County of permanent residence.....

Nationality/ID Passport No.....(Attach Copy)

CONTACT DETAILS

Address for correspondence Permanent address (if different from address 1)

.....

.....

County (if NOT im Kenya) County (if NOT im Kenya)

Tel:..... Tel:.....

Email:.....

FOR ILS USE ONLY

Reject [] Accept [] Subject to offer conditions (please tick):

Signed Date.....



EDUCATIONAL HISTORY

SCHOOLS ATTENDED SINCE THE AGE OF 15

Dates Attended	Name and Address of School	Qualification and Grades Achieved

EMPLOYMENT HISTORY

Dates	Job Title	Organization Name and Address	Brief Description of Duties

REFERENCES

Please state below the names, addresses (and telephone numbers if known) of the referees whom you have asked to complete the reference forms. Please note: applications may not be considered until references are received. If a referee is your current employer and you do not wish, at this stage, to contact him/her, please do not write the name and address but enter 'current employer, do not contact yet'.

Name..... Address.....Postcode..... Tel..... Fax..... Email.....	Name..... Address.....Postcode..... Tel..... Fax..... Email.....
--	--

DECLARATION

I declare that the information on this form is correct to the best of my knowledge and agree, if registering as a student, to abide by all of the University's regulations.

Signed

Date.....

Please write clearly using BLOCK CAPITAL LETTERS and BLACK INK

Surname:	Forename(s):
Mr/Mrs/Ms/Other Title:	Date of Birth: / /

Insert Grade Requested: AFFILIATE MEMBER (MILT)
 If you are unsure which grade to apply for seek advice from your local CILT section CHARTERED MEMBER (CMILT) CHARTERED FELLOW (FCILT)
 Please give current grade if any

Home Address: Country: Post Code: Telephone: Facsimile: E-Mail:	Company Name: Work Address: Country: Post Code: Telephone: Extn: Facsimile: E-Mail:
--	---

Current Job Title:	Date Joined Organistaion:
--------------------	---------------------------

Number of Years Experience in Logistics and/or Transport:	Date Appointed Current Position:
---	----------------------------------

Which section has your membership? _____
 When did you last pay your annual subscription (year)? _____
 Which section do you wish to belong to? _____

VERY I MPORTANT. WITH THIS APPLICATION FOR MEMBERSHIP PLEASE SEND A FULL CURRICULUM VITAE, COPIES OF EDUCATIONAL QUALIFICATION CERTIFICATES AND CONTINUING PROFESSIONAL DEVELOPMENT STATEMENT GIVING FULL DETAILS AS REQUESTED IN THE GUIDANCE NOTES ON THE REVERSE SIDE OF THIS SHEET. Correspondence to be sent to: Home/Work (delete as appropriate)

DETAILS OF REFEREES:
 (Three Institute members should recommend Application for Chartered Fellowship, twomem bers if applying for Chartered Member and one if applying for Membership).
 I have read the particulars of this form which to the best of my knowledge and belief are true and recommend the candidate to the Council for election as a Member, Chartered Member or Chartered Fellow of The Chartered Institute of Logistics and Transport.

NAME OF REFEREE	APPOINTMENT HELD	MEMBERSHIP NO.	MEMBERSHIP GRADE	SIGNATURE

Application approved by Section Chairman or Secretary
 Signed _____ Date _____

Declaration:
 I certify that all information is true to the best of my knowledge.

Signature _____ Date _____

