

CQI MANAGEMENT CONSULTANTS REGISTER APPLICATION FORM



Please read the guidance notes before completing this form and submit all information in English.

Section 1 Personal details

Title (Mr/Mrs/Ms) Surname First name(s)
Name to be used on certificate

Business contact details
Tel Fax
Email Website
Address
Postcode Country

Home contact details
Tel Fax
Email
Address
Postcode Country

Qualifications

Languages spoken

Membership of other professional bodies

Select which grade you wish to apply for:

- Associate Registered consultant Registered senior consultant

Disciplines/abilities in which you can demonstrate your expertise:

- | | | |
|---|--|--|
| <input type="checkbox"/> AS 9100 | <input type="checkbox"/> Metrology | <input type="checkbox"/> Software management/IT |
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Partnering | <input type="checkbox"/> Supply chain |
| <input type="checkbox"/> BEM | <input type="checkbox"/> Planning | <input type="checkbox"/> System implementation |
| <input type="checkbox"/> Change management | <input type="checkbox"/> Procedure writing | <input type="checkbox"/> System improvement |
| <input type="checkbox"/> Customer surveys | <input type="checkbox"/> Project management | <input type="checkbox"/> TQM |
| <input type="checkbox"/> Environmental management | <input type="checkbox"/> Problem-solving | <input type="checkbox"/> Training (specify on a different sheet) |
| <input type="checkbox"/> Health and safety | <input type="checkbox"/> QS 9000 | <input type="checkbox"/> UKAS related standards |
| <input type="checkbox"/> Information security (BS 7799) | <input type="checkbox"/> Reliability planning and analysis | |
| <input type="checkbox"/> ISO 9001 | <input type="checkbox"/> Risk management | |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Sector schemes | |
| <input type="checkbox"/> Other (specify) | | |

Quality tools in which you can demonstrate your expertise:

- Failure modes and effects analysis Six sigma Statistical process control
 Other quality tools (specify)

Section 3 Proposer and Referees

Proposer

The proposer should have known the applicant for two years and have a knowledge of the applicant's work experience, ie accountant, legal adviser, business colleague.

I have known the applicant for _____ years and I am of the opinion that the applicant is a worthy candidate for consideration for membership of the CQI Management Consultants Register (MCR). I have read this application form and to the best of my knowledge find it an accurate view of the work undertaken by the applicant.

Signature of proposer	Date
Proposer's name (block letters)	
Professional qualifications/relationship to applicant	
Business address	
Postcode	Country
Tel	Fax
Email	

Referees

Please give the names of two companies and referees (client companies) who have agreed to provide references in respect of your professional capability. They will all be contacted.

Name of referee (block capitals)	
Position	
Client organisation	
Project title	
Dates	
Business address	
Postcode	Country
Tel	Fax
Email	
Brief summary of the project	

Name of referee (block capitals)	
Position	
Client organisation	
Project title	
Dates	
Business address	
Postcode	Country
Tel	Fax
Email	
Brief summary of the project	

Section 4 Declaration by applicant

Applicant

I agree that, in the event of my election to any level of membership of the MCR, I will be governed by the articles and regulations of the register. I will advance the objectives of the CQI and the MCR throughout my period of membership. I certify that the statements contained in this form are correct to the best of my knowledge. Enclosed with this form are the following:

- A copy of my CV
- My project log
- Copies of certificates of all qualifications claimed
- My application fee

Signature of applicant _____

Date _____

Please advise whether you wish to be a member of the MCR e-group. The e-group is a forum that enables members to exchange ideas and solicit advice within the confidence of the MCR. It also enables members to participate in certain opportunities that are offered to the register, ie promotional deals.

- Yes, I wish to participate

Section 5 How to pay

Payment should be in £ sterling with cheques drawn on a UK Bank. Cheques to be made payable to the CQI. Please do not send cash. Payment by Visa, MasterCard or American Express is also accepted.

Name on card _____

Type of card _____

Card number

Expiry date /

Security code

Please return this form, the accompanying documentation and payment to:

The MCR

2nd Floor North

Chancery Exchange

10 Furnival Street

London

EC4A 1AB

T: + 44 (0)20 7245 6722

F: + 44 (0)20 7245 6788

E: membership@thecqi.org

