INSTITUTE OF MANAGEMENT CONSULTANTS & MASTER COACHES OF SOUTH AFRICA

Application Form

IMCSA Consulting Membership Application Form

Dear Applicant

Please read this introduction as it may make a difference in the outcome of your application.

The Institute for Management Consultants and Master Coaches in South Africa (IMCSA) is the professional body representing Management Consultants, Business Advisors, Business Rescue Practitioners, Business, Executive and Leadership Coaches. It sets and maintains standards for these professions in South Africa and seeks to make the professions recognised, respected and accepted as providing a valuable and indispensable service to organisations in South Africa and the Southern African Region. Your application should be a reflection of the quality of work you do for your clients.

Incomplete applications will not be successful. The IMCSA is a SAQA Professional Body and a member of the International Council of Management Consulting Institutes (ICMCI). As such, we are subject to regulation, processes and standards against which we are regularly audited. We are further guided by the Conformity Assessment – General requirements for bodies operating certification of persons (ISO 17 024) and where relevant, the SAQA National Policy for the Implementation of the Recognition of Prior Learning (RPL). Please give your application the attention necessary to ensure compliance and to be successful.

Thank you for your interest in the IMCSA and we wish you all the best with your application.

Sincerely
The Consulting Registrar
IMCSA

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A. GRADES OF MEMBERSHIP

If you have an interest in the profession of Management Consulting and wishes to be informed about, or support the profession, you may become an Affiliate Member. If you wish to become a Management Consultant, and do not yet qualify as a full Member, you may apply for Associate Membership, until such time as you can demonstrate that you have the equivalent of three years independent management consulting experience, at which time you may be classified as a Member. Here are the IMCSA membership levels:

Affiliate (AFIMC)

Any person, who has an interest in the profession, wishes to be informed about or support the profession and signs the code of conduct, may become an affiliate. Affiliate membership is also open to undergraduates who plan to make a career of consulting.

Associate (AIMC)

A graduate with less than three years management consulting experience or a non-graduate with less than eight years management consulting experience may qualify as an Associate. Members of the academic professions and those people who provide internal consulting are to be classified as Associates until such time as they can demonstrate that they have the equivalent of three years independent management consulting experience, at which time they may be classified as a Member.

Member (MIMC)

A graduate with three years management consulting experience may be graded as a Member. If an applicant does not possess a degree but has eight years management consulting experience and is working full time as a management consultant, they may be accepted as a Member.

Fellow (FIMC)

A Member, who has held that grade for not less than five years and is deemed to have served the profession with distinction, may be graded as a Fellow. This requires a formal application, endorsement and track record to be approved.

Certified Management Consultant (CMC)

A certified management consultant must comply with the internationally accepted competency standard, which guarantees reciprocity between member nations, which cover most parts of the world. For a current list of member nations and much more international information, visit www.icmci.org. In order to apply for certification, one MUST be a full member before applying for certification.

I wish to apply for [ ]

B. DEMOGRAPHICS

Note: If outside of South Africa, please include the international dialling codes

Surname:			
First Names:			
Preferred Name:			
Title:		Date of Birth:	
ID No.:		Passport No.	

BUSINESS

Company:			
No. Employees:		Position Title:	
Business Address:			
Post Code:		Country:	
(W) Tel[1]:		(W) Cell[1]:	
(W) E-Mail:			
Web Site:			

PRIVATE

Home Address/P O Box:			
Post Code:		Country:	
(H) Tel[1]:		(H) Cell[1]:	
(H) E-Mail:			
Web Site:			

Send correspondence to:

Email Private email address

[1] If outside of South Africa, please include the international dialling code

C. EDUCATIONAL QUALIFICATIONS

DEGREES	UNIVERSITY	YEAR COMPLETED

DIPLOMAS	UNIVERSITY	YEAR COMPLETED

NB: Please attach documentary proof

Consulting Specific Training

List all relevant consulting training, including IMCSA courses that you have attended to reinforce your application.

COURSE NAME	TRAINING PROVIDER	DATE/S

Coaching & Mentoring

If your organisation has a formal mentoring or coaching programme, describe it below.

D. EXPERIENCE

Please enclose CV including full details of your education, non-consulting employment and management consultancy employment.

Please indicate which of the following criteria you fulfil

1	Number of years' management consulting experience	
2	Number of years' experience as a middle or senior manager	
3	Number of years' experience in a technical or professional specialism	
4	I possess an approved undergraduate degree	No
5	I possess an approved postgraduate degree	No
6	I work for an IMCSA Certified Practice or a large practice which has formal quality management systems. *See consulting specific training on previous page.	No
7	If the answer to 6 above is Y, indicate the number of professional employees.	
8	I am self employed as a management consultant and run my own practice.	No

N.B. Years of experience may be part time equivalents. For the years being claimed for consulting experience, please provide a job description of that role on formal organisational stationery. Alternatively, provide a contact number at the organisation, for verification purposes.

(Character limit: 1612)

E. EMPLOYMENT HISTORY

Note: If outside of South Africa ensure you have included international dialling codes and country names:

Management Consulting

Consulting firm: Name, Address, Phone No.	Position Held	From (Month /Year)	To (Month /Year)	Supervisor Name & Position

Other Employment

Consulting Firm: Name, Address, Phone No.	Position Held	From (Month /Year)	To (Month /Year)	Supervisor Name & Position

F. SUMMARY OF CONSULTING ASSIGNMENTS Professional Record)

In support of your application, complete the attached summaries, setting out recent consulting assignments on which you have been employed.

These should include:

1. Duration of the assignment.
2. Nature of the assignment.
3. Size of the assignment (size of team/value).
4. Your role.
5. The Member of the Institute who supervised the project.

To safeguard client confidences as well as any proprietary information, it is not absolutely necessary to use actual names or locations of the client involved.

Please give brief summaries of at least five recent consulting assignments in which you were employed. These summaries will serve to support your application when considered by National Council.

Assignment 1					
Duration:		Size:		Date Completed:	
Nature: (Character limit: 1612)					
Your Role:					
Supervisor:				Contact Number:	

Assignment 2					
Duration:		Size:		Date Completed:	
Nature: (Character limit: 1612)					
Your Role:					
Supervisor:				Contact Number:	

Assignment 3					
Duration:		Size:		Date Completed:	
Nature: (Character limit: 1612)					
Your Role:					
Supervisor:				Contact Number:	

Assignment 4					
Duration:		Size:		Date Completed:	
Nature: (Character limit: 1612)					
Your Role:					
Supervisor:				Contact Number:	

Assignment 5					
Duration:		Size:		Date Completed:	
Nature: (Character limit: 1612)					
Your Role:					
Supervisor:				Contact Number:	

PROPOSER STATEMENT

Your application needs to be proposed. Your proposer must sign this form and send a letter directly to IMCSA. Provide a proposer reference with your application.

If you are a practising consultant your proposer reference should be from

- a CMC, or
- a senior executive of a client organisation for which you have carried out assignments

If you are not working as a consultant your proposer reference should be from

- a CMC, or
- a senior line manager in your organisation

Proposer's name: Title:	Name and address of business
Contact number	E-mail Address
Member ◯ CMC ◯ FCMC ◯ Client ◯ Line Manager ◯ Other ◯	
Having personal knowledge of the applicant from _____ to _____ in the capacity of _____, I propose and recommend him/her as being suitable in every way for admission as a Member of the IMCSA.	
Signature of proposer	Date:

The Proposer must also provide a reference on his or her company's official letterhead and sign it in his or her official capacity.

The Applicant must also get two additional client references on official company letterheads, signed with names of clients and his or her role/position clearly stated.

G. UNDERTAKING BY THE APPLICANT

a) I agree that on becoming a Member I will be governed by the rules of the Institute as they now exist or as they may in future be altered; I will further the objectives of the Institute as far as I am able; provided that when I give notice in writing to the Executive Director of the Institute that I wish to withdraw from the Institute, I shall after payment of any monies which may be due from me, be free from these obligations.

b) I have read and agree to abide by the IMCSA's Code of Professional conduct. I attach a signed copy, returned by email.

c) I certify that all the statements made by me in this application form (and attachments, including my CV) are correct.

Signature of applicant	Date

H. PAYMENT

Application fees can be paid on our website at www.imcsa.org.za or by Electronic Funds Transfer (EFT) into the following bank account:

Bank	First National Bank		
Branch	Sandton	Branch Code	254 605
SWIFT	FIRNZAJJ		
Account number	58821210176		

Note: We advise all applicants to make payment of their fees electronically. Any payment made through a direct cash deposit or cheque will result in bank charges that the payer will have to carry in addition to the amount that is to be paid. The bank charges for cash deposits can be provided by the bank at the point of payment.

Please record your name and surname as reference to your payment. Your organisation should do the same if it is paying any fee on your behalf.

I. CHECK LIST

This check list is for your convenience. Please ensure that your application is complete, and that documents that need to be certified are.

- ☐ Application form completed with all relevant information
- ☐ Consulting experience described in detail
- ☐ Application form signed
- ☐ Properly proposed membership (in the form)
- ☐ Reference letter from proposer on official letterhead with position clearly stated
- ☐ Two additional client references on official letterhead with position clearly stated
- ☐ Code of Ethics signed and attached
- ☐ Certified copy of ID or Passport attached
- ☐ Colour portrait photo attached
- ☐ CV attached
- ☐ Certified Copies of Qualifications Provided
- ☐ SAQA Certificate of Evaluation provided for foreign qualifications
- ☐ Application Fee Paid and Proof of Payment attached

Send your completed application form and all relevant documentation to: info@imcsa.org.za