

Institute of Place Management

Qualifications Application Form



The completed form should be returned to:
Institute of Place Management, Suite 117, 111 Piccadilly, Manchester M1 2HX

Proposed Programme of Study (Please Tick)	
MSc Place Management <input type="checkbox"/>	Introductory Diploma In Place Management <input type="checkbox"/> International Certificate in Place Management <input type="checkbox"/>
How are you able to study (Please tick all that apply):	
By attending one-day workshops	<input type="checkbox"/>
By attending residential workshops (with overnight stays)	<input type="checkbox"/>
By studying distance learning, through the Internet	<input type="checkbox"/>

1. Personal Details		
Title	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	Country of Residence
Forenames	Family Name	
Date of birth	D D M M Y Y	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	Country of Birth	

2. Contact Details	
Correspondence address:	
Postcode:	
Country:	
E-mail :	
Tel No.	
Mobile No.	
Fax No.	

3. Education

Qualification(s) in support of proposed application

Please provide details including results of all higher education examinations or professional certificates passed or to be taken, starting with the most recent

Educational Establishment	Subject	Year From - To	Qualifications Obtained / Expected	Result/Class of Award	F/time or P/time

4. Current Employment History

Work experience in support of proposed application (starting with the most recent)

Name and Address of most current (or most recent) Employer	From	To	Job title and brief overview of responsibilities including the number of people for whom you are responsible and budgets etc.

5. Source of Funding of Proposed Application

How will your fees be paid?

Self Employer Other (Please specify)

6. How did you hear about the IPM Qualification?

7. Signature of Candidate

I certify that the information I have given is complete and accurate. I give my consent for my personal data to be processed within the terms of the Data Protection Act.

Signed

Date