REGISTRATION FORM

Defence Academy of the United Kingdom



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RAF INTERMEDIATE OFFICER DEVELOPMENT PROGRAMME 4 - 5

Registration for, or successful completion of, a CMI qualification by Armed Forces personnel will result in an automatic offer of 12 months free membership. Details will be emailed once a qualification is awarded.

MANDATORY IN	FORMATION						
CENTRE NAME		JSCSC Shrivenham	RAF IOD 4 - 5				
CENTRE /COURS		C10359008					_
COURSE NUMBE	K						
COURSE DATES							
» PROGRAMM	E DETAILS AN	ND OPTIONS					
to periodic review an current accredited qu	d VAT at current ualification which	successful completion trate and may change does not require you t its will not be eligible	No additiona to complete ad	al work requ	ired. You	can apply	for the
		in Strategic Manage with 48 credits / 480		£157.00 inc VAT		qualific	relevant ation(s) by 'X' in the bo
1 If you are alrea number:	dy a CMI membe	er, please indicate you	r membership				
2 Service numbe	r:		3 Ra	ink:			
» CONTACT DE	TAILS						
4 Title:	5 Surnar	me (to appear on certif	icate): 6	Forename(s) (to appe	ar on cert	tificate):
7 Male F	emale	8 Date of B	irth* for web access			/	
9 Mailing Address:		: This is the address to lity to inform the CMI s				t is your	
Civilian Telephone (i	ncl dialling code)):					
Email:							

10 Ethnic Origin

White UK	White other (known)	White European	White, type not	
Heritage			known	
Pakistani	Indian	Black African heritage	Chinese	
Bangladeshi	Black Caribbean heritage	Black, other	Other (known)	

11	In which language is your assessm	ent being undertaken	English Welsh E	nglish/Welsh			
12	I am happy for you to contact me a	bout CMI matters on the	above number/s (please tick box)				
13	I am attaching evidence of success	ful completion of my trai	ning				
»	PAYMENT OPTIONS						
Registrations will only be accepted if accompanied by the appropriate fee. You can pay by cheque or debit/credit card, please indicate accordingly: (Please note Solo and Electron are not accepted)							
a.	Cheque: Cheque nu	mber:	Cheques made payable to CH/ MANAGEMENT INSTITUTE	ARTERED			
b.	Debit/Credit card: Debit/Cr	edit Card number:					
	3 Digit Security Code	Card	Expiry Date:	ssue No:			
14	Signature	Date:	Daytime telephone numb	er:			

Registration Checklist: Have you..?

- Completed and signed the Registration Form
- Attached the appropriate remittance (cheque or completed credit/debit card details)
- Attached copy of your end of course completion certificate signed by an SO2

Incomplete forms or missing attachments will trigger return and consequent delays.

Allow 6 weeks from submitting registration for receipt of certification.

Please forward these documents to:

Customer Service Administrator (MoD); Awarding Body; Chartered Management Institute; Management House; Cottingham Road; Corby; Northamptonshire; NN17 1TT

Or by fax: 01536 406810

Any queries please contact us on 01536 207496 or mod@managers.org.uk

In submitting this form, you are consenting to receive marketing information about the CMI's products and services. If you wish to opt out of this arrangement, please visit the CMI's data protection site: www.managers.org.uk/dataprotection

Those who are eligible will be able to apply for **Chartered Manager**, the highest accolade in managerial competence; for more details log on to: http://www.managers.org.uk/individuals/become-a-member/get-chartered or call the Chartered Manager Team on **01536 207429**