# CREDIT MANAGEMENT PRACTITIONERS

## GCMP Certification - Application Form

Please complete all the required details and ensure that the documents you are requested to attach are legible and clear.

**Your Personal Details** 

| Title:  |  |  |
|---|--|--|
| Surname:                                      |  |  |
| Full Names:                                   |  |  |
| nitials:                                      |  |  |
| Date of Birth:                                |  |  |
| Nationality:                                  |  |  |
| Country:                                      |  |  |
| Business Language:                            |  |  |
| Nationality:                                  |  |  |
| E-mail address:                               |  |  |
| Your Academic Qualifications and Designations |  |  |
| Туре:   |  |  |
| Date obtained:                                |  |  |
| Institution / Association:                    |  |  |
|   |  |  |
| Туре:   |  |  |
| Date obtained:                                |  |  |
| nstitution / Association:                     |  |  |
|   |  |  |
| Туре:   |  |  |
| Date obtained:                                |  |  |
| nstitution / Association:                     |  |  |
| Tura  |  |  |
| Type:<br>Date obtained:                       |  |  |
| nstitution / Association:                     |  |  |
| nontulion / Association.                      |  |  |
| Туре:   |  |  |
| Date obtained:                                |  |  |
| Institution / Association:                    |  |  |
|   |  |  |

#### Your Practical Training

| Type:<br>Date:<br>Institution / Association:             |  |
|--|--|
|  |  |
|  |  |
| Content:   |  |
|  |  |
| Type:<br>Date:<br>Institution / Association:<br>Content: |  |
|  |  |
| Type:<br>Date:<br>Institution / Association:<br>Content: |  |
|  |  |
| Content:   |  |
|  |  |

## Congress / Conferences / Workshops attended

| Type:                     |  |
|---------------------------|--|
| Date:                     |  |
| Duration in days:         |  |
| Organised by:<br>Content: |  |
|                           |  |
|                           |  |
|                           |  |
| Type:                     |  |
| Date:                     |  |
| Duration in days:         |  |
| Organised by:<br>Content: |  |
|                           |  |
|                           |  |
|                           |  |
| Туре:                     |  |
| Date:                     |  |
|                           |  |
| Duration in days:         |  |
| Organised by:<br>Content: |  |
|                           |  |
|                           |  |
|                           |  |
| Type:<br>Date:            |  |
|                           |  |
| Duration in days:         |  |
| Organised by:<br>Content: |  |
|                           |  |
|                           |  |
|                           |  |

# Organisation you currently work for

| Company trading name        |   |  |  |
|-----------------------------|---|--|--|
| (current one first):        |   |  |  |
| Company Web site:           |   |  |  |
| Starting date:              |   |  |  |
| Name of immediate Senior:   |   |  |  |
| E-mail address of Senior:   |   |  |  |
|                             |   |  |  |
| Your Job Title:             |   |  |  |
| Tell us about what you do:  |   |  |  |
| •                           |   |  |  |
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|                             |   |  |  |
|                             |   |  |  |
| Organisation                | you previously worked for   |  |  |
| -                           | urrent Employer for 5 years - then please<br>ou need to tell us about your last 5 years |  |  |
| Previous company:           |   |  |  |
| Name of immediate Senior:   |   |  |  |
| E-mail address of Senior:   |   |  |  |
| Starting date:              |   |  |  |
| _                           |   |  |  |
| Resignation date:           |   |  |  |
| Your Job Title:             |   |  |  |
| Tell us about what you did: |   |  |  |
|                             |   |  |  |
|                             |   |  |  |
|                             |   |  |  |
| Reason for leaving:         |   |  |  |

| Previous company:           |  |
|-----------------------------|--|
| Name of immediate Senior:   |  |
| E-mail address of Senior:   |  |
| Starting date:              |  |
| Resignation date:           |  |
| Your Job Title:             |  |
| Tell us about what you did: |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
| Reason for leaving:         |  |
|                             |  |
| Previous company:           |  |
| Name of immediate Senior:   |  |
| E-mail address of Senior:   |  |
| Starting date:              |  |
| Resignation date:           |  |
| Your Job Title:             |  |
| Tell us about what you did: |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
| Reason for leaving:         |  |
|                             |  |
| Previous company:           |  |
| Name of immediate Senior:   |  |
| E-mail address of Senior:   |  |
| Starting date:              |  |
| Resignation date:           |  |
| Your Job Title:             |  |
| Tell us about what you did: |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
| Reason for leaving:         |  |

| Tell us about your Credit Management Practical Experience  |
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| Tell us about a time when you managed your own performance or the performance of others to achieve results. What did you do? |
|  |
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|  |
| Tall us why you think that being a contitled Credit Management   |
| Tell us why you think that being a certified Credit Management Practitioner would enhance / further your career.             |
|  |
|  |
| Why would you want the CMP certification?  |
| In one paragraph, tell us why you want this designation and what you expect it to do for you:                                |
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| Date of Application: |  |
|----------------------|--|
| Signature:           |  |