

# APPLICATION FOR MEMBERSHIP

THE  
CHARTERED INSTITUTE OF  
PURCHASING & SUPPLY





# Application for membership

## Completing your application

- Please complete all sections of the form.
- The information that you provide will help to identify the most appropriate route into CIPS and help to develop products and services tailored to our members needs.
- We aim to confirm your entry grade into CIPS within 4 working weeks of receipt of your form, payment and any supporting documents.
- To assist with compliance with data protection, please note that this application form and supporting evidence will be destroyed 3 months after it is received at CIPS. Please ensure that you do not send any original documentation that you do not wish to be destroyed.

### 1. Previous membership of CIPS

If you are rejoining the Institute, perhaps after a career break or job change, you should still complete all sections of the form with your updated details. If possible, please quote your previous membership number and grade.

Membership number: ..... Grade held:

### 2. Personal information

Male  Female

Mr  Mrs  Miss  Ms  Other

First names: ..... Surname (*Family Name*): .....

Date of birth: .....

### 3. Ethnic Grouping

CIPS is obliged to request data on ethnicity to comply with the Quality and Curriculum Authority requirements.

Ethnic groupings are from the Government Statistical Services list provided by QCA992580154.

Bangladeshi	<input type="checkbox"/>	Black, African heritage	<input type="checkbox"/>	Black, Caribbean heritage	<input type="checkbox"/>
Black, other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White, European	<input type="checkbox"/>	White, other	<input type="checkbox"/>
White, UK heritage	<input type="checkbox"/>	Other .....		Do not wish to disclose	<input type="checkbox"/>

### 4. Home contact details

House Name or Number

Street

Town

County

Post Code

Country

Home Tel.

Home Fax

Mobile

Personal email

#### 4. Work contact details

Company name

Address

Town

County

Post Code

Country

Switchboard tel no.

Direct line tel no.

Work mobile

Fax no.

Work email

#### 5. Correspondence details

Please indicate the address to which correspondence and publications should be sent:

	Home	Work		Home	Work
Supply Management magazine	<input type="checkbox"/>	<input type="checkbox"/>	Other membership information	<input type="checkbox"/>	<input type="checkbox"/>
Contact by telephone / email	<input type="checkbox"/>	<input type="checkbox"/>			

**Important**, for confidentiality reasons, unless otherwise requested all education related correspondence, including examination results will be sent to home addresses, please tick here to have this correspondence sent to your work address.

#### 6. Employment details

Your job title: ..... Dept/Section: .....

Date started present job: ..... Job Rank/Civil Service Grade: .....

Chief Exec/MD	<input type="checkbox"/>	Director/Dept Head/Senior Manager	<input type="checkbox"/>	Manager (Grade 7+)	<input type="checkbox"/>
Asst Mgr/Supervisor (SEO C1/HEO C2)	<input type="checkbox"/>	Operative (Band D/E1)	<input type="checkbox"/>	Trainee Graduate	<input type="checkbox"/>
Retired	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>		

**To whom do you report?** (Job title) .....

**Salary Bands (UK £ Sterling)** <=£15k  £16-25k  £26-40k  £41-60k  £61-80k  £81k+

do not wish to disclose

Number of staff managed by you .....

**Personal Spend/Budget - Annual Value of Purchases/Contracts:**

<£250k  £250k-1m  £1m-10m  £10m-20m  £20-50m  £50-100m  £100-500m  £500m+

do not wish to disclose

**Your role within company** Strategic  Operational  Administrative  Junior

**Number of full-time procurement staff in organisation:** <=5  6-20  21+

Years in Purchasing .....

#### 7. Professional Interests

Please indicate 5 preferences. We will use this to develop products and services for our members

Benchmarking	<input type="checkbox"/>	EU/GPA Procurement	<input type="checkbox"/>	Outsourcing	<input type="checkbox"/>
Buying Services	<input type="checkbox"/>	Facilities Management	<input type="checkbox"/>	People/HR Issues	<input type="checkbox"/>
Buying Travel	<input type="checkbox"/>	Financial Regulations	<input type="checkbox"/>	Project Management	<input type="checkbox"/>
Contract Drafting	<input type="checkbox"/>	Freight/Transport	<input type="checkbox"/>	Relationship Management	<input type="checkbox"/>
Contract Management	<input type="checkbox"/>	Global Purchasing	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>
Drafting terms & conditions	<input type="checkbox"/>	IT/Software Procurement	<input type="checkbox"/>	Stores Management	<input type="checkbox"/>
Energy	<input type="checkbox"/>	Legal Issues	<input type="checkbox"/>	Supplier Management	<input type="checkbox"/>
Environment	<input type="checkbox"/>	Negotiation	<input type="checkbox"/>	Supply Chains	<input type="checkbox"/>
Ethics/CSR	<input type="checkbox"/>	Operations Management	<input type="checkbox"/>	eBusiness	<input type="checkbox"/>

## 8. Membership of Branch or Sector Group

All new members are automatically assigned to a CIPS branch according to their home address. You can change your branch allocation at any time.

In the UK members working in the construction industry may choose to be registered with a construction sector branch. If you wish to join a construction branch group please tick.

## 9. Education and Experience

Please state the level and title of the highest qualification you currently hold? (Please supply one only)

.....

## 10. Routes to membership

There are several routes to membership. Please tick the route you intend to follow. See “Exploring new horizons – a guide to CIPS membership” for more details. (Please tick one only)

### Studying in progress

#### Studying CIPS qualifications

I will be studying

Certificate Programme

Foundation Stage of the Graduate Diploma

Professional Stage of the Graduate Diploma

*(only if exempt foundation stage through experiential or academic learning)*

I intend to study by:

Distance learning

Self study

College provider (please provide name of centre)

.....

CIPS modular/flexible learning

I wish to be considered for exemptions from some units based on my previous academic qualifications   
*(please enclose copies of your transcripts/notification or results).*

#### Studying qualifications recognised (accredited) by CIPS

I am studying

N/SVQ Level 3 in Procurement

N/SVQ Level 4 in Procurement

A degree/post graduate qualification accredited by CIPS

College provider (please provide name of centre)

.....

### Completed study

I wish to achieve membership as I have completed: *(please supply a copy of results and CV)*

N/SVQ Level 3 in Procurement

N/SVQ Level 4 in Procurement

A degree/post graduate qualification accredited by CIPS

College provider (please provide name of centre)

.....

#### Personal Development Plan (PDP)

I am a manager with more than five years' experience in purchasing and supply chain management at a senior level. I wish to be assessed for eligibility to achieve MCIPS through PDP. I enclose a copy of my CV, job/person specification and organisational chart.

#### Affiliate Member

I do not intend to progress to full membership at this time and wish to be registered as an Affiliate member.

## 11. Declaration

I agree to abide by the Ethical Code of CIPS and to abide by any rules and regulations which may be applicable to its members from time to time. The Ethical Code is available on the website [www.cips.org](http://www.cips.org)

Signed.....

Dated.....

## Data Protection

Full details of the CIPS Code of Practice for Data Protection is shown in detail on the website [www.cips.org](http://www.cips.org) Copies can also be obtained from the Membership Development team. CIPS and branches will contact you with information regarding your membership and studies. We would also like to send you information on other CIPS products and services. Please tick how you would like to receive this information: By email  By post

Occasionally we have the opportunity to inform you of offers from other companies that are judged as relevant and useful for you. These offers are strictly controlled and we never disclose member information to third parties and we will never sell information to a third party. Please tick if you would like to receive this information: By email  By post

I do not wish to receive this information

Code .....

## Select your preferred method of payment and the appropriate fee

	Cheque / Credit Card Payment (with assessment fee)
Corporate Member annual subscription rate	£64.00
Affiliate annual subscription rate	£64.00
Associate Member progressing through the Personal Development Plan	£64.00
Student and Associate Member annual subscription rate	£56.50

**These rates include an initial £20.00 assessment/ administration fee and are applicable from 01.11.2005**

**TOTAL DUE    £            :**

**PAYING BY LOCAL CURRENCY ?**

Members in Botswana, Ghana, Kenya, Malawi, Nigeria, Uganda and Zambia may pay for their membership in their local currency at the local British Council offices. Please contact the British Council offices for further information

**PAYING BY CHEQUE ?**

Please make the cheque payable to 'The Chartered Institute of Purchasing & Supply' and secure it to your application form.

**PAYING BY CREDIT/DEBIT CARD ?**

Please provide your card details and return your payment form with your application

Mastercard     Maestro     Visa     Amex

Card No

Cardholder Name

Valid from

Expires end

Maestro Issue No

### OTHER FEES

Applicants accepted into the Student or Associate Member grades may be granted exemptions from certain examinations. Exemptions are charged at £25.50 per subject. External examination fees are charged at £42 per subject.

These rates are subject to change from time to time and are confirmed on the Examination Enrolment Form issued for each series.

Applicants accepted directly into full membership (MCIPS) will be charged an additional fee in respect of the balance of the full member fee.

### Your Checklist! . . . . .

Have you . . . . .

- completed sections 1 to 10 of the form?
- signed and dated the form?
- enclosed your payment together with the completed payment form?
- enclosed your supporting documentation, eg copies of academic certificates?

**NAME IN FULL (BLOCK CAPITALS)**



**Please return this form to:**

THE  
CHARTERED INSTITUTE OF  
PURCHASING & SUPPLY



The Chartered Institute of Purchasing & Supply  
Unit 5 Olympian Trading Estate  
Cayton Low Road, Eastfield  
Scarborough YO11 3BT  
Tel: +44 (0) 1780 756 777  
Fax: +44 (0) 1780 751 610  
E-mail: [membership@cips.org](mailto:membership@cips.org) WEB: [www.cips.org](http://www.cips.org)