



INDIVIDUAL NQI MEMBERSHIP APPLICATION FORM

Part 1 Applicant Details (As Appropriate)

FIRST NAME	AFFILIATED ORGANIZATION/EMPLOYER		
MIDDLE NAME	BUSINESS ADDRESS		
LAST NAME			
GENDER	TOWN		
DATE OF BIRTH	EMAIL		
ID/PASSPORT NO.	TELEPHONE		
NATIONALITY	MOBILE		
TITLE : Prof/Dr/Miss/Mr/Mrs/Ms etc	AREA OF SPECIALIZATION: Trainer/Auditor/Implementer/Assessor/ Management Representative/Quality Assurance Manager/Other specify		
PROFESSION			
MEMBERSHIP APPLYING FOR: <i>(please tick as appropriate)</i>			
STUDENT		PROFESSIONALS	
COLLEGE <input type="checkbox"/>	AFFILIATE MEMBER <input type="checkbox"/>		
SECONDARY <input type="checkbox"/>	ASSOCIATE MEMBER <input type="checkbox"/>		

UNIVERSITY <input style="width: 20px; height: 15px; margin-left: 10px;" type="checkbox"/>	FULL MEMBER <input style="width: 20px; height: 15px; margin-left: 10px;" type="checkbox"/>
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(Tick as appropriate). Specify any other area

S/NO	Areas of Specialty	Tick	
1.	Quality Management		
2.	Knowledge Management		
3.	Environmental		
4.	Information security management		
5.	Education services management		
6.	Health services management		
7.	Inspection services		
8.	Testing and Metrology		
9.	Food safety management		
10.	Energy management		
11.	Security management		
12.	Risk management		
13.	Business Continuity management		
14.	Systems Auditing		
15.	Human resource management		
16.	Customer Service management		
17.	Occupational Health and safety		
18.	Quality Improvement tools and techniques		
19.	Process design, and performance measurement		
20.	Anti- bribery management systems		
21.	Six Sigma		
23.	Human resource management		
24.	Customer Service management		
25.	Supply chain		
26.	Finance		
27.	Security		
28.	Manufacturing/ processing		

Any other (Specify)

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PART 3: EDUCATIONAL BACKGROUND

3.1.1 Complete in detail giving dates and level of Academic Achievement

Name of Institution, Address & tel.	Date From- To	Course Duration	Achievement/Certificate awarded

*Attach additional sheet if necessary; all entries must be supported by copies of Certificates/documents)

3.1.2 What courses or Training have you attended related to Quality Management

<u>Course/Training</u>	<u>Organization</u>	<u>Date</u>

_ *attach certificates or other relevant evidence as applicable

3.1.3 Information on Present Position

Please give brief information on current Quality -related responsibilities.

Length of tenure in present position: From (Month/Year) _____

3.1.4 Information on Previous Positions relevant to the Application

Position/Title _____ From- To _____
Organization _____
Responsibilities _____

Position/Title _____ From- To _____
Organization _____
Responsibilities _____

(Attach additional Sheet if necessary)

Part 5 STATEMENT OF APPLICANT

I certify that the statements contained in this form are correct to the best of my knowledge and belief at this time. I declare that, I agree to abide by the professional code of practice for members. I agree to accept the Institute's decision regarding this application for membership. I agree that in the event that my application is considered I will advance the objectives of Quality practitioners, code of conduct and will advance the objectives of the membership to the best of my ability for such times that I remain a member.

Full names of applicant/ or official representative of the company_____

Signature of Applicant _____

Date _____

PART 6 FOR OFFICIAL USE ONLY

APPLICATION REVIEW: Form Number NQI/OP/06/F-02 _____

6.1 Payment receipt number _____

6.2 Attachments verification

6.2.1 Academic Qualifications as listed in 3.1.1 Is relevant certificate attached

6.2.2 Quality related courses as listed in Is relevant cert attached

Application date received

Response file/ Ref. number

EVALUATORS REMARKS

Name----- Date-----