

APPLICATION FORM (EXPERIENCED CONSULTANT APPLICATION)

Please complete all fields and where sections are not applicable, please indicate "N.A.". All supporting documents, and cheque of \$400 for application and assessment fees must be submitted together with your application. Incomplete application shall not be processed. Please contact the secretariat at email: secretariat@imcs.sg, should you have any enquiries.

This form is meant for

Applicant Reference:

APPLICANT PERSONAL PARTICULARS

| | | | |
|--------------------------------------|-----------------|-------------------|--|
| Full Name (as in NRIC / Passport) | | | |
| Nationality: | | Country of Birth: | |
| NRIC / Passport No.: | | Date of Birth: | |
| Gender: | Choose an item. | | |
| Correspondence Address: | | | |
| Home Phone: | | Mobile Phone: | |
| Business Phone: | | Email: | |

Please attach a recent passport-sized photograph with your name written at the back. Digital copy is acceptable.

EMPLOYMENT BACKGROUND (List Most Recent Employment FIRST)

| Name of Company | Position | Period (YYYY) | |
|-----------------|----------|-----------------|----|
| | | From | To |
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Please attach your Curriculum Vitae.

EDUCATIONAL & ACADEMIC BACKGROUND (List Most Recent Qualification FIRST)

| Name of Educational Institution | Education Level Attained | Period (YYYY) | |
|---------------------------------|--------------------------|-----------------|------|
| | | From | Till |
| | | | |
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Please attach copies of the certificates with your application.

PROFESSIONAL CERTIFICATION

| Name of Organisation / Certification Body | Certification | Year Joined | Validity (MMM- YYYY) | |
|---|---------------|-------------|-----------------------|------|
| | | | From | Till |
| | | | | |
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Please attach copies of the certificates with your application.

CONSULTING EXPERIENCE (List Most Recent Employment FIRST)

| APPLICANT'S AREA OF INDUSTRY EXPERIENCE (Check where applicable) | | | | | |
|--|--------------------------|--------------------------|----------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Accountancy | <input type="checkbox"/> | Electronics | <input type="checkbox"/> | Food Services |
| <input type="checkbox"/> | Financial Services | <input type="checkbox"/> | General Manufacturing | <input type="checkbox"/> | Health Care |
| <input type="checkbox"/> | Administrative & Support | <input type="checkbox"/> | Precision Engineering | <input type="checkbox"/> | Hotels |
| <input type="checkbox"/> | Building & Construction | <input type="checkbox"/> | Transport Engineering | <input type="checkbox"/> | Info. & Communications |
| <input type="checkbox"/> | Logistics | <input type="checkbox"/> | Social Services | <input type="checkbox"/> | Retail |
| <input type="checkbox"/> | Process & Infrastructure | <input type="checkbox"/> | Professional Services | <input type="checkbox"/> | Food Manufacturing |
| <input type="checkbox"/> | Aerospace | <input type="checkbox"/> | Education | <input type="checkbox"/> | Oil & Chemical |
| <input type="checkbox"/> | Marine | <input type="checkbox"/> | Engineering Services | <input type="checkbox"/> | |
| <input type="checkbox"/> | | <input type="checkbox"/> | Environmental Technologies | <input type="checkbox"/> | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

| APPLICANT'S AREA OF FUNCTIONAL EXPERTISE (Check where applicable) | | | | | |
|---|---|--------------------------|--------------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | 1. Branding & Marketing | <input type="checkbox"/> | 7. Human Capital Development | <input type="checkbox"/> | 13. Productivity & Innovation |
| <input type="checkbox"/> | 2. Business Excellence | <input type="checkbox"/> | 8. Industrial & Operation Management | <input type="checkbox"/> | 14. |
| <input type="checkbox"/> | 3. Business Strategy | <input type="checkbox"/> | 9. Intellectual Property | <input type="checkbox"/> | 15. |
| <input type="checkbox"/> | 4. Customer Experience & Service Innovation | <input type="checkbox"/> | 10. IT & Digitalisation | <input type="checkbox"/> | 16. |
| <input type="checkbox"/> | 5. Financial Planning | <input type="checkbox"/> | 11. Management Systems | <input type="checkbox"/> | 17. |
| <input type="checkbox"/> | 6. Globalisation | <input type="checkbox"/> | 12. Merger & Acquisition | <input type="checkbox"/> | 18. |

| APPLICANT'S TOP THREE EXPERTISE (Type the number from your selection above) | | |
|---|-----------------|-----------------|
| 1 st | 2 nd | 3 rd |

| APPLICANT'S SERVICES (Check where applicable) | | | | | |
|---|------------|--------------------------|-----------|--------------------------|-------------|
| <input type="checkbox"/> | Consulting | <input type="checkbox"/> | Mentoring | <input type="checkbox"/> | Counselling |
| <input type="checkbox"/> | Training | <input type="checkbox"/> | Coaching | <input type="checkbox"/> | Advisory |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

| APPLICANT'S MANAGEMENT CONSULTANCY PROJECT (1) | | | |
|--|--------------------|----------------------|------------------|
| DESCRIPTION OF ASSIGNMENT (Selected management consulting projects undertaken for external companies/clients in the immediate past 3 years.) | | | |
| Client Company: | | | |
| Title of Project: | | | |
| Project Period: | | | |
| Contact Person: | | Title/Position: | |
| Email Address: | | Phone : | |
| Team Size: | | Hours Spent by Team: | |
| Your Project Role: | | Hours Spent by You: | |
| Major Problems Encountered | Problem Resolution | | Impact to Client |
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| Additional Information (if any): | | | |
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Note: Please bring along actual project documents (project reports, slides, etc.) for verification during interview.

| APPLICANT'S MANAGEMENT CONSULTANCY PROJECT (2) | | | |
|--|--------------------|----------------------|--|
| DESCRIPTION OF ASSIGNMENT (Selected management consulting projects undertaken for external companies/clients in the immediate past 3 years.) | | | |
| Client Company: | | | |
| Title of Project: | | | |
| Project Period: | | | |
| Contact Person: | | Title/Position: | |
| Email Address: | | Phone : | |
| Team Size: | | Hours Spent by Team: | |
| Your Project Role: | | Hours Spent by You: | |
| Major Problems Encountered | Problem Resolution | Impact to Client | |
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| Additional Information (if any): | | | |
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Note: Please bring along actual project documents (project reports, slides, etc.) for verification during interview.

| APPLICANT'S MANAGEMENT CONSULTANCY PROJECT (3) | | | |
|--|--------------------|----------------------|--|
| DESCRIPTION OF ASSIGNMENT (Selected management consulting projects undertaken for external companies/clients in the immediate past 3 years.) | | | |
| Client Company: | | | |
| Title of Project: | | | |
| Project Period: | | | |
| Contact Person: | | Title/Position: | |
| Email Address: | | Phone : | |
| Team Size: | | Hours Spent by Team: | |
| Your Project Role: | | Hours Spent by You: | |
| Major Problems Encountered | Problem Resolution | Impact to Client | |
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| Additional Information (if any): | | | |
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Note: Please bring along actual project documents (project reports, slides, etc.) for verification during interview.

APPLICANT DECLARATION

I declare that:

1. The information provided for the certification of my RMC and accompanying information supporting documents are true and correct to the best of my knowledge and that I have not withheld/distorted any material facts.
2. I am not an undischarged bankrupt and I have never been charged or convicted in any Court of Law or detained under the provisions of any written law.
3. I am not presently, nor have I been within the past three years, the subject of any civil legal action directly relating to my management consulting practice.
4. I am not presently, nor have I been within the past three years, the subject of any consumer complaint filed with a consumer protection agency such as the Consumers Association of Singapore.
5. I am not presently, nor have I been within the past three years, the subject of any disciplinary action by a management consulting professional association.
6. I have not been debarred from any government schemes/programmes, etc. I acknowledge and agree that the RMC Certification Board / IMCS reserves the right to ascertain the applicant's claims with relevant parties (e.g. government agencies, associations, client contacts).
7. I am agreeable that the RMC-CB of the IMCS has the right to verify and obtain information with all parties as they think fit, with regards to the information and supporting documents provided by me in this application.
8. I hereby agree that IMCS may collect, obtain and store my personal/business data for administration of my application and use (via phone call, notices, emails or mail) to inform me of future events, updates, news and materials related to RMC-CB/IMCS.

Upon being certified as a Registered Management Consultant:

9. I shall abide by the RMC Code of Professional Conduct and will be subjected to any disciplinary actions by the Institute if I breach the conditions stated in the Code of Professional Conduct.
10. I shall inform RMC-CB, without delay, on matters that can affect the capability of myself to continue to fulfil the certification requirements.

11. Have you applied for SS680-aligned management consultant certification through other certification bodies* during the past six months?

Yes No

If yes, please elaborate (Otherwise please indicate "N.A."):

**The certification bodies include Singapore PMC Certification (SPMCC), Institute of Management Consultants (Singapore) (IMCS) and TÜV SÜD PSB.*

If applicable only:

12. If you have any special requests to be accommodated by the Institute to be a Registered Management Consultant, please provide details (with reasons) as follows. Otherwise, please indicate "N.A.".

(To use separate piece/s of paper if necessary.)

| | |
|----------------------|------------|
| Name of Applicant: | Signature: |
| NRIC / Passport No.: | Date: |

Checklist of Application Documents Submission:

- Completed and signed application form
- Recent passport-sized photograph (digital copy is acceptable)
- Cheque of \$400 for application and assessment fees.
- Certificate of Attendance of RMC Management Consulting Course or equivalence
- Results slips of RMC Exam or equivalent
- Copy of Curriculum Vitae
- Copies of education or academic certificates*
- Copies of professional certifications*
- 3 written positive client testimonials of projects undertaken in last 3 years *

* IMCS may request for sighting of original documents for verification

You may submit your application with all the supporting documents via email to secretariat@imcs.sg together with an online payment.

The available payment modes include:

1. Fund transfer to IMCS's bank account. The bank details is as provided below.
Bank A/C Name : Institute of Management Consultants (Singapore)
Bank A/C No. : 070-002517-5 DBS Bank
2. PayNow Corporate (you may use the QR code available in the attached statement, or enter the UEN: S92SS0089A)

