**APPLICATION FOR CERTIFIED MANAGEMENT CONSULTANT (CMC) CERTIFICATION BY IMC AUSTRALIA**

Guidelines for CMC Candidates and Completion of the Application Form

Candidates should refer to the information under *Become a CMC* on the IMC website [www.imc.org.au](http://www.imc.org.au) for details regarding the application and assessment process, and links to the competency framework, the Body of Knowledge and the Code of Professional Conduct.

This CMC application form must be submitted with:

* a true or certified copy of the candidate’s university degree qualification(s) or equivalent (unless recently certified by IMC),
* relevant training certificates
* curriculum vitae
* write-ups of three (3) past management consulting engagements or, if awarded Diploma of Consultancy (30936QLD), attach a certified copy of the qualification.

The candidate is required to attend an assessment interview. The Institute will use its best endeavours to arrange the interview at a time to suit the candidate.

Upon satisfactory evaluation and assessment of the candidate, the assessors will recommend to the IMC CMC Standards Committee that the candidate be granted certification as a CMC.

Candidates are then formally granted certification as a CMC by the CMC Standards Committee on behalf of Federal Council.

# Application for CMC Certification by IMC Australia

Where appropriate refer to the relevant section in your curriculum vitae to avoid repeating information in the form.

SECTION ONE: PERSONAL DETAILS

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| **First Name/s:** | **Surname:** |
| **Preferred Name:** | |
| **Name of Current Employer / Own Firm:** | |
| **Address:** | |
| **Nature of Business:** | |
| **Home Address:** | **Business Contact Numbers:** |
| **Home Tel:** | **Bus Tel:** |
| **Mobile:** | **Fax:** |
| **Email:** | **URL:** |
| **Occupation (position and level of management in the employing organization):** | |
| **Ownership Status (e.g. sole owner, partner, shareholder or employee):** | |
| **Preferred Correspondence Address:**  **Home**  **Business** | |

**For Office Use Only**

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| **Date Received** | **Interview Date** | **CMC Assessment Panel Recommendation & Date** |

**SECTION TWO: QUALIFICATIONS AND TRAINING**

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| **Educational Qualifications:** | | | | | | | | |
| **Name of University / Professional /**  **Academic Institute** | **From** | | **To** | **Degree Awarded & Subjects** (Please attach certified copies of certificates unless recently certified by IMC.) | | | | |
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| **Professional Qualifications** (Please attach certified copies of transcripts / certificates and / or other certified evidence unless recently certified by IMC.) | | | | | | | | |
| **Professional Institute / Licensing Bodies** | | **Grade of Membership / Professional Status** | | | **Membership From** | | **Membership To** | |
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| **Management Consultancy Training and Development** | | | | | | | | |
| **Training / Development Provider** | | **Training Area / Subject** | | | | **Duration** | | **Year** |
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| **Other Academic, Professional or Management Training and Development** | | | | | | | | |
| **Training / Development Provider** | | **Training Area / Subject** | | | | **Duration** | | **Year** |
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**SECTION THREE: EMPLOYMENT HISTORY AND CONSULTING EXPERIENCE**

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| **Employment History** | | | | | | | | | | | | |
| **From**  **(m/y)** | | **To**  **(m/y)** | | **Employer** | | | **Position** | | | **Responsibilities** | | |
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| **Management Consulting Experience** (please provide details for last three (3) years) | | | | | | | | | | | | |
| **From** | **To** | | **Full/Part Time** | | **Client Organisation** | **Client Contact** | | **Description of Assignment** | **Your Role** | | **Total Hours** | |
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| **Years Spent as Management Consultant:** | | | | | | | | **Commencing:** | | | | |
| **Major Areas of Specialisation, Knowledge and Consulting Experience**  (Please indicate which of the following typical consultancy specialisations are applicable to you) | | | | | | | | | | | | |
| **Organisational Analysis and Behaviour** | | | | | | | | | | | |  |
| **Organisational Development** | | | | | | | | | | | |  |
| **Project / Process Improvement** | | | | | | | | | | | |  |
| **Change Management** | | | | | | | | | | | |  |
| **Strategy** | | | | | | | | | | | |  |
| **Marketing** | | | | | | | | | | | |  |
| **Information Technology** | | | | | | | | | | | |  |
| **Economics** | | | | | | | | | | | |  |
| **Finance and Accounting** | | | | | | | | | | | |  |
| **Leadership and Human Resources** | | | | | | | | | | | |  |
| **Other – please specify:** | | | | | | | | | | | | |

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| **SECTION FOUR: CANDIDATE’S UNDERTAKING**  I declare that:   * I have been engaged in active Management Consultancy for not less than three years preceding this application. * I am currently practising as a full-time Management Consultant. * I can demonstrate that I have competency and experience in at least one field of specialist management functions listed in the Common Body of Knowledge.   I hereby apply for an Assessment Interview with the CMC Assessment Panel with a view to my becoming a Certified Management Consultant.  I understand and agree that an application fee is payable at the time of application.  I agree that the Institute, through its CMC Assessment process, has the right to verify the consulting competencies, experience and the management consulting hours as declared by me. This may entail obtaining information from all parties as the Institute sees fit in order to make the necessary assessment and decision on my certification application.  I agree that, in the event of my admission to Certification as CMC, I will abide by the Constitution of the Institute and all its By-laws and any other rules of the Institute at the time of application and any amendment thereafter.  I have read and accept that at all times I will abide by the Institute’s Code of Professional Conduct and Rules of Professional Development.  I agree to further the objectives of the Institute as far as I am able.  I certify that all statements made by me in this application form and attachments are true and correct.  My application fee has been paid direct to the IMC Federal Council.  Signature: …………………………………………………………………… (An electronic signature is acceptable.)  Date: ………………………………………………………………..  **SECTION FIVE: EVIDENCE OF CONSULTING ASSIGNMENT EXPERIENCE**  Please attach either:   * Certified copy of Diploma of Consultancy (30936QLD) qualification, **OR** * write ups of three (3) professional management consulting assignments including client references to provide acceptable evidence of the suitability of your practical management consulting experience. The projects will be discussed at interview and you will be required to make a 15 minute presentation on one of the assignments to the Assessment Panel during the interview.   + Each write up should be no more than two A4 pages in length using the headings below.   + To minimise the preparation effort and avoid duplication of work, in situations where an existing engagement / report or curriculum vitae provides all or part of the details required, candidates may submit the report or curriculum vitae in lieu of the write up along with any supporting information needed to complete the information outlined below.  |  | | --- | | **Section Headings** | | 1. Client description | | 1. Assignment description and objectives | | 1. Assignment duration and total consulting days | | 1. Your role | | 1. Assignment steps | | 1. Outcomes | | 1. Key learning/s based on issues faced and how these were handled | | 1. Attachments – reports or deliverables produced by you in the course of the assignment (if available) | | 1. Names and contact details of client representatives (preferably the sponsor and/or team member) that the Assessment Panel can contact to obtain feedback on the assignment in relation to your consulting expertise. | |