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| **P1 Application Form for Individual Membership** |

**The Chartered Institute of Logistics & Transport in Hong Kong**



**ABOUT YOUR APPLICATION**

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| * The application form should be completed in BLOCK letters. All sections (if appropriate) should be filled. |
| * Applicant is required to send his/her application with the required documents and application fee of HK$150 payable to “**The Chartered Institute of Logistics and Transport in Hong Kong**”. |
| Statement on Collection of Personal Data |
| * The information provided by you to CILTHK will be used by CILTHK for the purposes of processing your membership application, performing its contemplated functions under the provisions of the Charter and Bye-laws of The Chartered Institute of Logistics and Transport (CILT) and the Articles of Association of CILTHK for the time being in force, and for any other legitimate purposes as may be required, authorised or permitted by law, regulations or judicial orders. * Please note it is mandatory for you to provide personal data in all sections on this form. If you do not provide such personal data, CILTHK may not be able to process your membership application. * CILTHK is committed to protecting the privacy, confidentiality and security of the personal information by complying with the requirements of the Personal Data (Privacy) Ordinance. We have established a policy for the handling and management of personal data which is accessible at CILTHK’s website, i.e. <https://www.cilt.org.hk>. |

**You should** send your application to:

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| **Chairperson, Membership Committee**  **The Chartered Institute of Logistics and Transport in Hong Kong**  7/F, Yue Hing Building, 103 Hennessy Road, Wanchai, Hong Kong |

**Section A PERSONAL PARTICULARS** (please write in BLOCK letters)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | Prof | | | Dr | | | Mr | | Mrs | Ms | | Miss | | | | Other: | | | |  | | |
| Surname: | |  | | | | | | | | Other Names: | | | |  | | | | | | | | |
| Name in Chinese (if any) | | | | | |  | | | | Date of Birth: | | | |  | | | | | | | | |
| Passport/HKID Card No.: | | | | | |  | | | | | | | | | | | | | | | | |
| Correspondence Address: | | | | | | |  | | | | | | | | | | | | | | | |
| Residential Address  (if different form above): | | | | | | |  | | | | | | | | | | | | | | | |
| Telephone No.: | | | Office | | | | |  | | Fax No.: | | | Office | | | | |  | | | | |
|  | | | Residential | | | | |  | |  | | | Residential | | | | |  | | | | |
| Pager/Mobile: | | |  | | | | | | | E-Mail Address: | | | | |  | | | | | | | |
| Nature of Application: | | | | | i) | | NEW | | | | UPGRADE | | | | | | OTHERS: | | | |  | |
|  | | | | |  | |  | | | |  | | | | | |  | | | |  | |
|  | | | | | ii) | | LOGISTICS STREAM | | | | TRANSPORT STREAM | | | | | | | |  | | |  |

**For Office Use Only**

|  |  |
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| Date Received: | Cheque Number: |
| Date Approved: | Receipts: |
| Date Elected: | Membership Number: |
| Recommended Grade: 🞏S 🞏A 🞏M 🞏C 🞏F 🞏VIVA VOCE | Certificate Number: |
| **Application Form for Individual Membership P2** | | | |

**Section B APPLICATION FOR ELECTION TO** (please tick as appropriate)

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| I declare that I have satisfied the age requirements for the grade that I am applying for: | | | | | | | | | | | |
| **Student Member (S)** | |  | | (full-time student) | | **Member (MILT)** | | |  | |  |
| **Affiliate Member (A)/**  **Graduate Member (GM)** | |  | |  | | **Chartered Member (CMILT)** | | |  | |  |
|  | |  | | **Chartered Fellow (FCILT)** | | |  | |  |
| [50% Discount Scheme  for Affiliate/Graduate] | | Yes | |  | |  | | |  | |  |
| Are you a current or past member of the Institute? (Please tick as appropriate) | | | | | | | | No | | | |
|  | Yes. Territorial Org/Inst Branch: | |  | | Membership No.: | |  | Grade: | |  | |
| CPD requirement is **obligatory** for CMILT and FCILT and voluntary for MILT and Affiliates. For applicants of CMILT, a two-year CPD plan shall be enclosed. For applications of upgrading to FCILT, a CPD record of the previous two years and a two-year plan should be included. (Please tick as appropriate)  Two-year CPD plan attached  \*Two-year CPD record attached \*For FCILT applicants only | | | | | | | | | | | |

**Section C EDUCATION AND ACADEMIC QUALIFICATION(S)** (in chronological order)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part I** | | | | |
| Date (MM / YY) | | Education / Training Institution | Qualification(s) Obtained  (please state subjects & grade) | Date of Award |
| From | To |
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*Please use supplementary sheet if necessary.*

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| **Part II** | | |
| Year Attended | CILTHK Professional Qualifying Examination Subject(s)  (if applicable) | Grade |
|  |  |  |
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*Please use supplementary sheet if necessary.*

**Section D PROFESSIONAL QUALIFICATION(S)**

|  |  |  |
| --- | --- | --- |
| Name of Professional Body | Qualification(s) / Membership Obtained | Date of Award |
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*Please use supplementary sheet if necessary.*

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| **P3 Application Form for Individual Membership** |

**Section E CURRENT WORKING EXPERIENCE**

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| --- | --- | --- | --- | --- | --- | --- |
| Name of Employer: | | | | | | |
| Present Position: | | | | | | |
| Employment Address: | | | | | | |
| Job Description: | | | | | | |
| In what area of Transport and Logistics do you work?  Passenger Logistics and Transport  Freight Logistics and Transport  Sector (please tick as appropriate): | | | | | | |
| Aviation | Bus & Coach | Freight Forwarding |  | Logistics & Supply Chain | Operations Management | |
| Academic | Rail | Transport Planning |  | Ports Maritime & Waterways | Others: |  |
| If not employed, please tick:  Student  Self-employed  Unemployed | | | | | | |
| Upon election, I am willing to list the following data on the Institute’s website and Membership Directory:  Name  Company  Present Position  Email | | | | | | |

**Section F EMPLOYMENT HISTORY** (in chronological order)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Ref No**. | Date (MM / YY) | | Full/  Part Time | Name of Employer | Appointment Held  (including present appointment) |
| From | To |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |

*Please use supplementary sheet if necessary.*

**ATTESTATION BY CERTIFIER(S)**

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| I, the undersigned, support the Applicant from personal knowledge, as a person worthy of consideration for election to the grade of membership applied and I endorse the correctness of the provided information which I have identified by my initials. | |
| **Certifier for Job Reference No. 1** | |
| Full Name (in block letters)  Current Employer/Ex-employer/CMILT/FCILT (please delete if inappropriate) | |
| CILT/CILTHK Membership No. (if any) | Signature |
| **Certifier for Job Reference No. 2** | |
| Full Name (in block letters)  Current Employer/Ex-employer/CMILT/FCILT (please delete if inappropriate) | |
| CILT/CILTHK Membership No. (if any) | Signature |
| **Certifier for Job Reference No. 3** | |
| Full Name (in block letters)  Current Employer/Ex-employer/CMILT/FCILT (please delete if inappropriate) | |
| CILT/CILTHK Membership No. (if any) | Signature |
| **Certifier for Job Reference No. 4** | |
| Full Name (in block letters)  Current Employer/Ex-employer/CMILT/FCILT (please delete if inappropriate) | |
| CILT/CILTHK Membership No. (if any) | Signature |

*Please use supplementary sheet if necessary*

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| **Application Form for Individual Membership P4** |

**Section G RECOMMENDATION BY CHARTERED MEMBER(S) / CHARTERED FELLOW(S)**

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| **Three** Institute Members should recommend an application for Chartered Fellow (FCILT) and **Two** for Chartered Member (CMILT). Not required for Student Affiliate and Member (MILT) Membership(s).  I have read the particulars on this form and from personal knowledge recommend the applicant to the Council as a proper person in every aspect for election to membership of the Chartered Institute of Logistics and Transport. | | | | |
| Name | Membership | | Signature | Date |
| Grade | Number |
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**Section H OTHER INFORMATION**

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| Briefly describe the extent to which you have participated in the activities of the Institute in the past five years | | | | | | | |
| Briefly describe the extent to which you will participate in the activities of the Institute in future | | | | | | | |
| For applicant of FCILT, a one-page summary of the key information listed in this form should be included for Council’s consideration (please tick as appropriate)  one-page summary attached | | | | | | | |
| Source(s) of Information about CILTHK: (please tick as appropriate) | | | | | | | |
| Employer(s) / Work-related | | CILTHK Promotion Activities / Pamphlets, please specify: | | | |  | |
| Teacher(s) / Study-related | | Others, please specify: |  | | | | |
|  | | | | | | | |
| **DECLARATION**  I declare that the information given above is correct and complete to the best of my knowledge. I promise that in the event of my election I will be governed by the Charter and Bye-laws of the Institute, and will promote the objectives of the Institute as far as shall be in my power. Should I at any time desire to withdraw from the Institute, I will, after payment of all subscriptions or other sums due from me including the subscription for the current year, send my resignation in writing to the Institute and return any certificate held by me.  I agree that the personal data provided herein be used for the purpose of administration and communication, assessment of qualifications and experience, and provision of services and benefits by the CILT and CILTHK.  I agree to receive any correspondence from CILTHK including direct marketing; however, I note that at any time in the future, I may opt-out from receiving by emailing to [info@cilt.org.hk](mailto:info@cilt.org.hk) with the specific request to ‘opt-out’ from receiving such. | | | | | | | |
| Signature of Applicant: |  | | |  | Date: | |  |

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| **Notes for Applicants** | |
| Please carefully read the following notes before completing this form.   1. Your application may not be further processed if you fail to provide sufficient supporting documents and recommendations, and properly complete your application. 2. Result of the application will normally be available within 8-16 weeks from the date of submission. 3. Should there be any change or correction of personal particulars after submission of this application, please contact the Administration Office at (852) 2866 6336. 4. Application fee is non-refundable. | |
| Z:\CILTHK\Administration\Company Stationery\CILT Brand Guidelines_20130809\New Icon\circular logo.jpg | **The Chartered Institute of Logistics and Transport in Hong Kong**  7/F., Yue Hing Building | 103 Hennessy Road | Wanchai | Hong Kong  **T** (852) 2866 6336 | **F** (852) 2866 6118 | **E** [info@cilt.org.hk](mailto:info@cilt.org.hk) | **W** www.cilt.org.hk |