

APPLICATION TO STUDY FOR THE CHARTERED INSTITUTE OF MARKETING QUALIFICATION AT AIMT&CE

Important: Please email your completed form to aimtecsvg@gmail.com. Kindly fill in the required information in the boxes provided, using ticks in boxes where applicable.

1. NAME
FIRST LAST LAST LAST
2. PREFERRED TITLE Dr. Mr. Mrs. Ms. Miss Other (please specify)
3. GENDER
5. NAME TO APPEAR ON CERTIFICATES (if different from above) FIRST MIDDLE LAST
6. NATIONALITY
7. ETHNICITY (Please indicate ethnic origin) White: British Irish Other (please specify) Mixed: White and black Caribbean White and black Asian White and black African Other mixed background Asian or Asian British: Indian Pakistani Bangladeshi Other Asian background Black or Black British: Caribbean African Other black background Chinese or other ethnic group: Chinese Any other ethnic group
Number and Street Name:
Town/City:
Country:
Post Code/Zip Code:
9. HOME TELEPHONE 10. MOBILE TELEPHONE 11. EMAIL ADDRESS
12. NAME OF EMERGENCY CONTACT (to be used if you cannot be reached)
13. EMERGENCY CONTACT NUMBER (to be used if you cannot be reached)
14. NAME OF CURRENT EMPLOYER (state name of company)
15. WORK ADDRESS
Number and Street Name:
Town/City:
Country: Post Code/Zin Code:
Post Code/Zip Code:
16. WORK TELEPHONE
17. WORK E-MAIL ADDRESS

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Kindly indicate your response by placing a tick ($\sqrt{\ }$) in the boxes provided.

1. Which qualification do you wish to study?
☐CIM Foundation Certificate in Professional & Digital Marketing (Level 3)
☐CIM Extended Foundation Certificate in Professional & Digital Marketing (Level 3)
☐ CIM Certificate in Professional Marketing (Level 4)
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☐ CIM Extended Certificate in Professional & Digital Marketing (Level 4)
☐CIM Diploma in Professional & Digital Marketing (Level 6)
☐CIM Extended Diploma in Professional & Digital Marketing (Level 6)
☐CIM Postgraduate Diploma in Professional Marketing (Level 7)
Other
2. Are you a CIM member?
Yes, please enter your membership number
\square No
☐I don't remember my membership number
3. Do you have a unique learner number (ULN)?
Yes ☐ No ☐ I don't remember
If yes, please enter your unique learner number (ULN) number
4. Please indicate your physical status- do you have a disability?
Yes, please specify
\square No
5. Please indicate your current appointment and company details:
Job title:
Year Appointed:
- Job level
Director
Junior Manager
Senior Manager
☐ Coordinator
☐Middle Manager
Administrator
Other
6. Type of company you work for (please pick one only):
Private
☐Self Employed
7. How did you find out about CIM?
Advertising/PR Please state
☐Colleague/Referral
☐ Direct marketing /literature Please state
Email received
Email received Exhibition Please state
☐ I am a previous CIM student
CIM website
CIM academy website
Search engine - Please state
Other internet - Please state
Other - Please state

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6.5 proficiency to Trinity III/IV, or equivalent English test that are acceptable to UK government standards.

Please confirm the following by ticking (√) the appropriate box.

☐ I am fluent in both written and spoken English
☐ I am not fluent in both written and spoken English

9. Qualifications

- Please list your qualifications, and attach your CV or resume electronically with this form.

☐ I have read and understood the Rules and Regulations of Advanced Institute of Management Training and Continuing Education (SVG) Ltd. and do agree to abide by said rules.

Signed ☐ Date ☐ Date

The programmes are taught in English and all students are expected to have sufficient knowledge of both written and spoken English. If English is not your first language, you will need to confirm that you have at least IELTS

8. English language Proficiency

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