



**CERTIFICATION VIA EXPERIENCE  
APPLICATION FORM  
CERTIFIED HR PRACTITIONER**



**A. PERSONAL DETAILS (Kindly fill in Block Letters)**

1. Surname.....Title(Mr./Miss/ Mrs/Dr.)..... Sex.....
2. First Name .....Other Name(s).....
3. Nationality.....Date of Birth.....
4. Postal Address.....
5. Email Address.....Tel:.....
6. Name of organization.....
7. Job position.....
8. Level of management. Tick as appropriate  
Middle Management  Executive Management
9. Full Membership Number:.....
10. May attach organizational structure to enable assessors understand job position in the organization



## B. EXPERIENCE

In not more than 500 words write(type) how you have developed or Implemented HR Strategy in line with Business Goals touching on at least three HR Areas. What was the situation? What was the result? (Measurable with HR analytics)

**(Tick as appropriate. Use one sheet to demonstrate competence in one HR Area. Photocopy and use page as needed)**

### HR Areas

- |                                       |                          |                            |                          |
|---------------------------------------|--------------------------|----------------------------|--------------------------|
| ➤ Strategic Human Resource Management | <input type="checkbox"/> | Employee Resourcing        | <input type="checkbox"/> |
| ➤ Rewards and Compensation Management | <input type="checkbox"/> | Business Communication     | <input type="checkbox"/> |
| ➤ Industrial Relations                | <input type="checkbox"/> | Talent Management          | <input type="checkbox"/> |
| ➤ Learning and Development            | <input type="checkbox"/> | Organizational Development | <input type="checkbox"/> |

\*(In the case of a specialist, he/she must demonstrate at least 7 years' continuous experience in that single area)



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**REFEREE FORM**

IHRMP is the Professional Body of HR Practitioners in Ghana, The applicant would like you to support his application for a membership upgrade to Certified HR Practitioner

**Name:**.....

**Email Address:**.....

**Phone Number:**.....

1. How long have you known the applicant?.....
2. In what Capacity have you known the applicant?.....
3. Are you familiar with the applicant's job role?.....

To the best of your knowledge, comment on how applicant functions in the organization (work place), including the scope and impact on organizational Goals.



### CERTIFICATION VIA EXPERIENCE CHECK LIST

- ✓ Full Member-in-good-standing for two consecutive years (including the current year)
- ✓ Evidence of participating in six formal Continuous Professional Education/training within the last three years.
- ✓ Bankers Draft : GHS 4,500.00 (please note, it is nonrefundable)
- ✓ CV
- ✓ Two Passport-sized photographs (White Background)
- ✓ Application Form
- ✓ 3 Referee Forms