



# CIRSM

Pinnacle of Proficiency

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Chartered Institute of Risk and  
Security Management (CIRSM)  
Southern Africa Regional Office  
1 Sunderland Road, Belvedere,  
Harare,

## Chartered Institute of Risk and Security Management

STUDENT REGISTRATION  
APPLICATION

[www.cirsm.com](http://www.cirsm.com)



## ACADEMIC/PROFESSIONAL QUALIFICATIONS

(Please attach certified copies of certificates and transcripts of academic/professional qualifications.)

Date of Commencement of the program	Date of Completion of the program	University/ Institution	Qualification	Discipline/ Stream	Average/GPA/ Class/Grade

## WORKING EXPERIENCE

(Please provide most recent first and attach certified copies of working experience letter.)

Employer	Designation	From		To	
		Month	Year	Month	Year

## PLEASE MENTION YOUR FUTURE PLANS OR PROFESSIONAL CAREER DEVELOPMENT

(Including but not limited to career interest/ industry you wish to work for/positions you wish to hold etc.)

## REMEMBER TO INCLUDE

- 03 passport size colored photographs
- Copy of National identify Card/Passport
- Certified copies of academic certificates and transcripts (including GCE O/L & GCE A/L)
- Certified copies of professional certificates and transcripts
- Certified copies of working experience (If applicable)
- Evidence of work experience (If applicable)

Please provide a certified English translation of the above documents; If any of these documents are in a language other than English

## METHOD OF PAYMENT

Current Fees Due : (Refer to Fees Schedule)	\$	In words:		
Cash <input type="checkbox"/>	Debit Order <input type="checkbox"/>	Stop Order <input type="checkbox"/>	Visa Card <input type="checkbox"/>	Transfare <input type="checkbox"/>
<b>BANK DETAILS (For Debit Order and Stop Order Only)</b>				
Account Name:				
Name of Bank:				
Account Number:				
Name of Branch:				

## STUDENT DECLARATION

### Conditions of application

I hereby apply for registration as a student, in so doing; declare that it is my intention to receive training through the Chartered Institute of Risk and Security Management (CIRSM) and its accredited tutorial centers. In consideration of the Institute granting and continuing such registration, I give the following undertakings:

- a) To accept the right of the CIRSM management to reject or accept this application to register as a student of CIRSM.
- b) To be governed, in my relations with the CIRSM, by the institute's charter, bylaws, rules, regulations, and rules of professional conduct.
- c) To accept the direction and control of the CIRSM in all matters relating to studies, practical experience and discipline.
- d) To make payments in time for the services received from the institute through the above selected payment method.
- e) To accept the decision of the CIRSM to discontinue me as a student or member for not adhering to the institute's rules and conditions.
- f) To agree to receive information and communication on the provided contact details provided above.

I understand that the information provided herein is essential to the Institute in determining my suitability for registration or re-registration as a student in the Institute and, accordingly, it is provided with the utmost good faith and with the knowledge that it will be used and relied upon by the Institute.

I agree to submit to the Institute all documentation requested and understand that these documents will be used in reviewing my application. I understand that my application is not considered complete until all documentation required by this application has been received by the Institute.

Applicant's Signature

Date:

## FOR OFFICIAL USE ONLY

Enrolment processed by:		Date:	
Intake		Duration:	
Examination:			