



Institute Of Chartered Loss Control And Private Security Management

(ICLPSM)

*Established in terms of the Institute of Chartered Loss Control and Private Security Management Act,
Chapter 27:23*

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CONFIDENTIAL MEMBERSHIP APPLICATION FORM

Application Reference No: _____ (For Official Use Only)

Date of Application: _____

INSTRUCTIONS TO APPLICANTS

1. This application form is for admission and registration as a professional member of the Institute of Chartered Loss Control and Private Security Management (ICLPSM).
2. Applicants must have completed a two-year internship program under the supervision of a practicing Chartered Professional Manager registered with the Institute.
3. Applicants must have sat and passed the professional qualifying examination administered by the Institute.
4. Applicants must have been issued a Chartered Professional Loss Control Manager (CpLM) certificate or a Chartered Professional Security Manager (CpSM) certificate.
5. All sections of this form must be completed in BLOCK LETTERS using BLACK INK or typed.
6. Certified copies of: (a) Academic and professional qualifications (b) Identity documents (c) Curriculum vitae, (d) two (2) color passport-size photographs, (e) Police clearance; must accompany this completed form.
7. This form shall be accompanied by a prescribed fee.
8. Incomplete applications or applications without required supporting documents will not be processed.
9. The Institute reserves the right to verify all information provided in this application.

PART 1: PERSONAL INFORMATION

(Please complete all fields in BLOCK LETTERS)

1.1 Title (tick applicable): ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Prof. ☐ Other: _____

1.2 Surname: _____

1.3 First Name(s): _____

1.4 Maiden Name (if applicable): _____

1.5 Date of Birth: Day: _____ Month: _____ Year: _____

1.6 Gender: ☐ Male ☐ Female

1.7 Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

1.8 Nationality: _____

1.9 National Identity Number / Passport Number: _____

1.10 Race _____

Contact Information

1.11 Residential Address (Street Address): _____

Suburb/Town/City: _____

Province/State: _____

Country: _____

Postal Code: _____

1.12 Postal Address (if different from residential): _____

1.13 Primary Email Address: _____

1.14 Alternative Email Address: _____

1.16 Primary Telephone Number: _____

1.17 Mobile/Cell Phone Number: _____

1.18 Alternative Contact Number: _____

Next of Kin / Emergency Contact

1.19 Full Name: _____

1.20 Relationship to Applicant: _____

1.21 Contact Telephone Number: _____

1.22 Email Address: _____

1.23 Physical Address: _____

PART 2: QUALIFICATIONS AND EXPERIENCE

SECTION A: ACADEMIC QUALIFICATIONS

(List all academic qualifications starting with the most recent. Attach certified copies of all certificates and transcripts.)

No.	Institution/University/College	Qualification Obtained	Year Awarded	Field of Study
1				
2				
3				

4				
5				

Note: If you have more than 5 qualifications, please attach a separate sheet with additional details.

2.1 Do you hold any foreign qualifications? ☐ Yes ☐ No

If YES, please provide details and attach recognition/equivalence certificate from relevant authorities:

Details of foreign qualifications: _____

SECTION B: CHARTERED PROFESSIONAL CERTIFICATE

2.2 Type of Certificate Awarded: ☐ Chartered Professional Loss Control Manager (CpLM)
☐ Chartered Professional Security Manager (CpSM)

2.3 Certificate Number: _____

2.4 Date of Issue: _____

SECTION C: EMPLOYMENT/ EXPERIENCE

(employment experience in Loss Control or Security Management, starting with most recent)

Employer Name	Position/Title	Period (From-To)	Reason for Leaving	Key Responsibilities

PART 3: MEMBERSHIP

SECTION A: MEMBERSHIP CATEGORY

(Please select ONE membership category for which you are applying)

3.1 I am applying for membership as:

- ☐ Chartered Professional Loss Control Manager (CpLM)
☐ Chartered Professional Security Manager (CpSM)

SECTION B: MEMBERSHIP WITH OTHER PROFESSIONAL BODIES

3.2 Are you a member of any other professional body/organization? ☐ Yes ☐ No

If YES, please provide details:

Professional Body/Organization	Membership Number	Membership Category	Date Admitted	Current Status

PART 4: DISQUALIFYING FACTORS DECLARATION

*(As required by the ICLPSM Regulations - **Section on Disabilities**)*

Please answer the following questions honestly and completely. False declarations may result in rejection or removal from membership.

4.1 Have you ever been declared of unsound mind by a competent court?

☐ Yes ☐ No

If YES, please provide details: _____

4.2 Are you currently an undischarged insolvent?

☐ Yes ☐ No

If YES, please provide details: _____

4.3 If you are a discharged insolvent, did you obtain a court certificate stating that your insolvency was caused by misfortune without misconduct?

☐ Yes ☐ No ☐ Not Applicable

If YES, please attach a copy of the certificate.

4.4 Have you ever been convicted by a competent court of law (within or outside Zimbabwe)?

☐ Yes ☐ No

If YES, please provide full details (offense, date, court, sentence, pardon if any):

4.5 Have you ever been removed from membership of ICLPSM or any other professional institute for professional or other serious misconduct?

☐ Yes ☐ No

If YES, please provide details (number of times, reasons, reinstatement if any):

4.6 Are there any pending criminal charges or disciplinary proceedings against you?

☐ Yes ☐ No

If YES, please provide details: _____

I hereby declare that all information provided in this application form is true, correct, and complete to the best of my knowledge.

Signature of Applicant: _____ **Date:** ____/____/____