REPUBLIC OF KENYA

Institute of Human Resource Management
The Professional Body of HR Practitioners in Kenya

King Prism Towers, 24th Floor, 3rdNgong Avenue, Upperhill,
P.O. Box 6132 -00300 Nairobi, **Mobile:** +254 727 792 001, +254 111 055 184
Email: info@ihrm.or.ke **Website:** www.ihrm.go.ke

APPLICATION FOR NOMINATION TO CONTEST FOR ELECTION AS BRANCH OFFICIALS

PART I

PERSONAL DETAILS:

1. Full Name of Applicant (Nominee) ……
2. National ID/Passport No……
3. Current Physical Address……
4. Telephone …… Mobile ……
5. E-Mail ……
6. Membership Registration Number ……
7. Category of Membership ……
8. Post applied for ……
9. Branch vied for:
   - Nairobi South West ☐
   - Nairobi North East ☐

PART 11

DECLARATION BY APPLICANT:

I, (Full Name) ……

DECLARE that:

a. I am eighteen years and above;

b. I am to the best of my knowledge in sound physical and mental health to be able to carry out the responsibilities required of me by the profession;

c. I have not impersonated anybody on any issue concerning the profession or otherwise;

d. I have not altered or falsified any document(s) relating to the profession or otherwise;

e. I am of good professional/ethical standing as required by the Professional Code of Conduct and Ethics;
f. I am free from any criminal record (s) related to the profession or otherwise;
g. I will, at all times in the practice of my profession, observe and strictly maintain adherence to the provisions and requirements of the Professional Code of Conduct and Ethics;

Signature: ……Date:……
APPLICANT

PART III

LIST OF PROPOSERS, SECONDERS AND ENDORSERS

We, the undersigned, being Members of the Institute () or Human Resource Professionals (Tick whichever is applicable) hereby nominate:
MR/MRS/MISS/DR/PROF:.....of address……who is a registered member registration No……and who is employed at ……..where he/she is engaged in ……
() Private Practice
() Government Employment
() Parastatal employment
() other employment, please specify

NAMES OF PROPOSERS/SECONDERS/ENDORSERS

No	Full Name	Address	Proposer/Seconder/ Endorser(Tick As Appropriate)	MNO.	Signature
1.					
2.					
3.					

For official use only:

Nomination Approval by the Returning Officer (RO)

Nomination Approved/ Not Approved

Remarks: ……..

Signature…… Date: ……
RETURNING OFFICER