



CHARTERED INSTITUTE OF HUMAN CAPITAL DEVELOPMENT OF NIGERIA

No 21, Gomwalk Boulevard, Jos-Plateau State
5 Otukpo Road, Area 11, Garki Abuja

☎ (+234) 08166222913, 07017667868

✉ cihcdng@gmail.com 🌐 www.cihcdn.org

EXECUTIVE MEMBERSHIP OPPORTUNITY

Members of the public are invited to apply for admission into the Institute's Executive Membership Programme. Preference will be given to practitioners and industry experts in Human Capital Development.

PROFESSIONAL MEMBERSHIP CATEGORY UNDER OFFER/CRITERIA

FELLOW - f.hcd

- A Minimum of B.Sc./HND or its equivalent from any recognized tertiary institution
- Must be a member of a Professional body and(or) have a post-graduate certification
- Applicants under this category must be currently occupying senior managerial positions in their respective organization with a minimum of 20 years working experience. Must be fit and proper persons.
- Applicants must be Unit heads or Departmental Heads, Directorate Cadre Staff or their equivalent.
- Proof of practical experience as HCD practitioner/consultant would be added advantage.

METHODS OF APPLICATION:

Interested persons should send expression of interest for membership via e-mails: cihcdng@gmail.com or call the following numbers: +2348166222913 +2347017667868

MEMBERSHIP FEE/EXAMINATION REQUIREMENTS

FELLOWSHIP FEES: BROKEN DOWN AS FOLLOWS

Membership form	10,000.00
Membership fee	20,000.00
Induction fee	25,000.00
Annual dues	15,000.00
Insignia & Ceremonials	75,000.00
Processing fee	51,000.00
Workshop and evaluation fee	30,000.00
Total	226,000:00
Examination fee (Exemption)	55,000:00
Fellowship fee plus Exam fees	281,000:00



LIST OF PROFESSIONAL EXAMINATION COURSES OFFERED

COURSE MODULE I	EXEMPTION FEE (₦)
Communication, Interpersonal Relationships and Instructional Design	5,000.00
Transformational Leadership and Performance Improvement	5,000.00
Human Capital Management and Creativity	5,000.00
Entrepreneurship, Creativity and Innovations	5,000.00
Elements of Professionalism, Coaching, Learning and Delivery	5,000.00
Artificial Intelligence (AI), Social Media Management and Learning Technologies	5,000.00
TOTAL	30,000.00
COURSE MODULE II	EXEMPTION FEE (₦)
Diversity Management and Sustainability	5,000.00
Social, Cultural and Emotional Intelligence	5,000.00
Managing Learning Programs and Evaluation	5,000.00
Integrated Talent and Skills Management	5,000.00
Coaching, Mentorship and Knowledge Management	5,000.00
TOTAL	25,000.00

N/B: Waiver(s) may be granted based on Qualification, Working Experience and Area of Specialization.



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EXECUTIVE MEMBERSHIP APPLICATION FORM

Please read through carefully before filling out the form

*Affix a
Recent
Colour
Passport
Photo*

PART 1: GENERAL INFORMATION

<i>Surname</i>	<i>First Name</i>	<i>Other Names</i>

<i>Title (Mr, Mrs, Miss, Dr. etc)</i>	<i>Nationality</i>	<i>State of Origin</i>	<i>Date of Birth</i>

<i>Organization Name & Address</i>	<i>Address for Correspondence</i>

<i>WhatsApp Telephone Number(s)</i>	<i>Email Address</i>

<i>Job Title</i>	<i>Nature of Work</i>

PART 2: ACADEMIC & PROFESSIONAL QUALIFICATIONS

<i>Names of Institution</i>	<i>Certificate/Degree Obtained (indicate discipline)</i>	<i>Year</i>

<i>Profession (e.g) Accounting, Architecture, Engineering, Insurance, Law, Medicine, (etc.)</i>

<i>Professional Qualifications Name of Institutions/ Examining Body (e.g: NBA, CNA,ACA, NIM,AIPM,CITN,PSN, etc)</i>	<i>Qualifications Obtained</i>	<i>Year</i>

Please submit a copy of your CV along with photo copies of your Academic and Professional certificates (including NYSC discharge/ exemption).

PART 3: EMPLOYMENT HISTORY

List the last three (3) Positions you held in your employment, starting with the current

<i>Name of Organization (from- to-)</i>	<i>Position held (Job Title)</i>	<i>Date(From- to-)</i>

PART 4: REFEREE

Your referee must be a full member of the Institute or Your Head of Department/Employer

<i>Name of Referee</i>	<i>Class of Membership (If a Member of the Institute)</i>	<i>Membership Number</i>

<i>Address</i>	<i>Telephone</i>	<i>E-mail address</i>	<i>Position Held (If HOD/Employer)</i>

<i>Signature:</i>	<i>Date:</i>

I do hereby recommend the above applicant for membership of the Chartered Institute of Human Capital Development of Nigeria and certify that to the best of my knowledge the experience and character of the applicant are such that I consider him/her fit for admission into membership of the Institute.

PART 5: APPLICANT DECLARATION

I declare that the information given above is to the best of my knowledge and belief correct. I undertake to be bound by the Institute's rules and regulations in force at the time of my admission or which may be from time to time, be issued.

<i>Full Name of Applicant</i>	<i>Signature and Date</i>

COMPLETE AND RETURN TO:

The Registrar/Chief Executive,
Chartered Institute of Human Capital Development of Nigeria
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(This form must be submitted with an application fee of **₦10,000.00**
Payable to Institute Account: First City Monument Bank(FCMB): **4274273019**

FOR OFFICIAL USE ONLY:

Application Form Receipt Number	
Date of Receipt	
Other Fees Paid	
Date of Receipt	
Class of Membership Granted	
Membership Number	
Signature of Approving Officer	
Date	