



Chartered Institute of Customer Relationship Management

STUDENT REGISTRATION FORM

Year:

Student Number:

Please read the following instructions before completing this form

1. This Registration Form may be e-mailed to: *admin@cicrmedu.com*
2. New students who meet the CICRM entry requirements, will only be registered once payment as well as all required documents have been received.
3. The CICRM cannot accept/ process incomplete Registration Forms, even if full payment has been received. The onus is upon the student to provide all outstanding information/ documentation.
4. Where reference is made to 'Certified Copies', photocopies of the documents must bear an original stamp and signature of a Commissioner of Oaths.

The following documents must be attached to this Registration Form. Please tick the relevant boxes:

| | New Students | Renewal Students |
|--|--------------------------|--------------------------|
| 2 x Colour Passport – sized photographs | <input type="checkbox"/> | |
| Proof of Payment | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified Copy of ID Document / Passport | <input type="checkbox"/> | |
| Educational Transcript (Specify):..... | <input type="checkbox"/> | |

Banking Details:

ACCOUNT NAME: CICRM
BANK: CABS
BRANCH: AVONDALE, HARARE
ACCOUNT NUMBER: 1003471153
ACCOUNT TYPE: ZWL\$

Please Indicate Your Full Name or Student Number As Reference

SECTION A: PERSONAL DETAILS

Title: Prof. Dr Mr Mrs Miss Other:.....

Gender: Male Female

Surname:..... Other Names:.....

ID/ Passport No: Date of Birth:

Telephone No. Work (.....)..... Home (.....)

e-mail:..... Cellphone:.....

Postal Address:.....

Occupation:..... Employer:.....

SECTION B: ACADEMIC PROGRAMME APPLIED FOR.

Please tick the programme for which you wish to register:

- Certificate of Customer Service
 - Executive Diploma In Customer Relationship Management
 - Diploma In Helthcare Quality Assurance
 - Post Graduate Diploma In Customer Relationship Management
 - Post Graduate Diploma In Contact Centre Management
 - Post Graduate Diploma In Consumer Protection
 - Post Graduate Diploma In Total Quality Management
 - Post Graduate Diploma in Health Services Leadership & Quality Management
 - Certified Customer Service Executive (CCSE)
 - Chartered Customer Service Professional (CCSP)
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SECTION C: EXAMINATION MODULES & VENUE

| Code | Module | Repeat (Y/N) | Private Student | Student Support Centre(College) |
|------|--------|--------------|-----------------|---------------------------------|
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Please tick the Examination Venue most suited to you:

Angola: Botswana: Kenya Malawi:
 Nigeria: Zimbabwe: Other (Specify):.....

STUDENT DECLARATION

- I understand and accept all policies and procedures pertaining to the CICRM, including the CICRM’s Examination Policy, and agree to abide by the rules stated therein.
- I understand and accept that upon my acceptance to the CICRM, I immediately become liable to the CICRM for the full programme fees on or before the due dates.
- I understand and accept that should I withdraw from the programme at any time, I will give written notice of my intention and immediately pay all monies owing.
- I understand that in keeping with many other institutions of higher education, the CICRM will not refund any fees paid by students.

Student Signature:..... **Date:**...../...../20.....

