

# CERTIFIED STRATEGY PRACTITIONER ACCREDITATION PROGRAM



Please complete this application form to become a member of the Strategic Management Institute. Membership will provide you with a connection to latest thinking and trends in strategy, up to 15% discount on our events which provide you with a networking opportunity and an opportunity to learn others perspectives of strategy and strategy related tools, methods, war stories and practices. When completed, the form should be returned to us ([Applications@SMIknowledge.com](mailto:Applications@SMIknowledge.com)). More information about membership and becoming an accredited Certified Strategy Practitioner (CSP) at Affiliate, Associate or Fellow levels is available on our website <http://www.smiknowledge.com/certified-strategy-practitioner.html>

## PERSONAL DETAILS

What motivated you to apply? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_ Preferred first name(s): \_\_\_\_\_

Surname: \_\_\_\_\_ D.O.B \_\_\_\_\_

## CONTACT DETAILS

Home Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Work Address: \_\_\_\_\_

Postcode \_\_\_\_\_ Preferred Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Preferred correspondence address  Work  Home



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## CURRENT EMPLOYMENT DETAILS

Position \_\_\_\_\_

Brief Description of your role \_\_\_\_\_

\_\_\_\_\_

Organisation \_\_\_\_\_ Date Appointed \_\_\_\_\_

Type of Business \_\_\_\_\_

Public Sector Classification \_\_\_\_\_  
(If Applicable)

## PREVIOUS EMPLOYMENT DETAILS

Position One \_\_\_\_\_

Brief description of your role \_\_\_\_\_

\_\_\_\_\_

Organisation \_\_\_\_\_ Date Appointed \_\_\_\_\_

Type of Business \_\_\_\_\_

Public Sector Classification \_\_\_\_\_  
(If Applicable)

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Position Two \_\_\_\_\_

Brief description of your role \_\_\_\_\_

\_\_\_\_\_

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Organisation \_\_\_\_\_ Date Appointed \_\_\_\_\_

Type of Business \_\_\_\_\_

Public Sector Classification \_\_\_\_\_  
(If Applicable)

## PLEASE PROVIDE TWO REFEREES

Name \_\_\_\_\_ Position \_\_\_\_\_

Organisation \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Organisation \_\_\_\_\_ Contact Number \_\_\_\_\_

## TERTIARY EDUCATION DETAILS

Year Awarded	Where Obtained	Qualification Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

## OTHER AFFILIATIONS and INTERESTS - Include entries relevant to your application

\_\_\_\_\_  
\_\_\_\_\_

# CERTIFIED STRATEGY PRACTITIONER ACCREDITATION PROGRAM



## REGISTRATION PAYMENT DETAILS

Please complete and return this form via Fax or Email.

Fax: (03) 9863 8981 Telephone: (03) 9863 8980 Email: [smiknowledge@smiknowledge.com](mailto:smiknowledge@smiknowledge.com)

Name (to send Tax Invoice to):

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Company, contact and Purchase Order No (where applicable):

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Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payment details:** \$245

**Cheques payable to:** Strategic Management Institute

**Direct debit payments:** Strategic Management Institute, ANZ Bank, BSB 013 423  
Account 203 676 959 Account 3489 50269

Visa  Mastercard  American Express (Additional 3% added)  Expiry Date

Credit Card Number

Name on card  Three digit CVV (on reverse of card)  \$

\* For fax reply, send to [03 9863 8981](tel:0398638981). You will be issued a taxation invoice via email upon receipt of your registration. Please send cheque's payable within 7 days to: Strategic Management Institute, Suite 1237, 1 Queens Road, Melbourne, Vic, 3004