# Instructions

* This form captures information on your lean/CI roles in employment and qualifications.
* Add text in the field for each category/section or select from a date box.
* Send the completed form as an MS Word document to: [membership@leancompetency.org](mailto:membership@leancompetency.org)
* Once submitted, your application will be reviewed and you will be informed whether your application has been accepted and, if so, the next steps in the process.



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# Personal Information

|  |  |
| --- | --- |
| Name | Telephone |
| Click here to enter text. | Click here to enter text. |
| Home Address, inc postcode | Email |
| Click here to enter text. | Click here to enter text. |

# Current Employment

|  |  |  |
| --- | --- | --- |
| Organisation | Date Joined | |
| Click here to enter text. | Click here to enter text. | |
| Address | Job Title | |
| Click here to enter text. | Click here to enter text. | |
| Role & Responsibilities | | |
| Click here to enter text. | | |
|  | |

# Previous Roles (Up to Four)

|  |  |
| --- | --- |
| Organisation 1 | Dates |
| Click here to enter text. | Click here to enter text. |
| Role | |
| Click here to enter text. | |
| Organisation 2 | Dates |
| Click here to enter text. | Click here to enter text. |
| Role | |
| Click here to enter text. | |
| Organisation 3 | Dates |
| Click here to enter text. | Click here to enter text. |
| Role | |
| Click here to enter text. | |
| Organisation 4 | Dates | |
| Click here to enter text. | Click here to enter text. | |
| Role | | |
| Click here to enter text. | | |

# Qualifications & Professinal Memberships

*Provide details of your main academic, professional, workplace or vocational qualifications (post-secondary school) and professional memberships. List in date order, starting with the most recent.*

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | | Institution/Provider | Year |
| 1 | Click here to enter text. | Click here to enter text. | year |
| 2 | Click here to enter text. | Click here to enter text. | year |
| 3 | Click here to enter text. | Click here to enter text. | year |
| 4 | Click here to enter text. | Click here to enter text. | year |
| 5 | Click here to enter text. | Click here to enter text. | year |
| 6 | Click here to enter text. | Click here to enter text. | year |

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Membership | | Institution | Year |
| 1 | Click here to enter text. | Click here to enter text. | year |
| 2 | Click here to enter text. | Click here to enter text. | year |
| 3 | Click here to enter text. | Click here to enter text. | year |

# Declaration

*I hereby apply for the LCS CPD programme and confirm that the information contained in the application is accurate.*

|  |
| --- |
| **Name**: Click here to enter text. |

|  |  |
| --- | --- |
| **Signature image** | **Or electronic signature**  Click here to enter text. |

|  |
| --- |
| **Date**: 21/08/2017 |