

Form Fee: N5,000



INTERNATIONAL INSTITUTE OF CHARTERED EDUCATIONAL PRACTITIONERS

In partnership with Yahweh Hills University, London School of Media and Management, One-World Knowledge University Europe, Glocal University India, Europe America University Panama & Western Orthodox University Italy.

AFRICAN REGIONAL OFFICES

South Africa

35, Tasneeva Mews
211 Groove End Drive
Stanmore, Phoenix Durban.
+27836806745

Ghana

101/103, Kele Pambros,
Damsoman Estate,
Accra
+233575696889

Nigeria

195, Igboere Road,
Opp. Lagos High Court,
Lagos Island
+2348033931497or +2348171618666

Attach a Passport
Sized Photograph

Membership Application Form

The International Institute of Chartered Educational Practitioners (**IICEP**) is a multidisciplinary education organization mandated to promote educational development in Nigeria and the rest of Africa by providing training and support to educational practitioners in the region. It is the institute’s vision to keep the knowledge and skills of education professionals at par to the global standards.

Professional members of IICEP will be provided professional certifications for them to be considered global education practitioners. With the help of IICEP’s local arms, individuals who are aiming for global recognition and certification will be provided different services to enhance their capacities as education professionals.

KEY BENEFITS TO OUR MEMBERS

1. Membership Training and Development
2. Recognized certificate which qualifies individual as a chartered or fellow member and as a Professional Educator. This is certified and accepted in every organization/Institution worldwide. It can be used as a means of upgrade of Individuals in workplace.
3. Membership of IICEP provides excellent grounds to socialize among affiliated institution members. Ideas and opportunities are shared through webinars and seminars (Networking Opportunities).
4. Reduced cost of training, seminars workshop and continuing professional development (CPD) programs.
5. Access to IICEP International Academic Journal, Chartered Educational Practitioners Magazine and Newsletters
6. Publishing and Marketing of Members books in international markets
Listing in Membership Directory for Networking

7. Exposure to International Job and Business Opportunities

PERSONAL DETAILS:

Name _____

Address _____

Date of Birth _____ Age _____ Gender _____

Nationality _____ State _____ LGA _____

Telephone _____ Email _____

MEMBERSHIP GRADES

GRADUATE CERTIFIED ASSOCIATE CHARTERED MEMBER ASSOCIATE FELLOW

FELLOW DOCTORAL FELLOW DISTINGUISHED FELLOW CORPORATE

SECTION 2: CAREER / VOCATION INFORMATION

	(Please type on the column)
PROFESSION	
NATURE OF WORK	
YEARS OF EXPERIENCE	
AREA OF CORE COMPETENCE	
CAREER DEVELOPMENT OF INTEREST	

Would you like to receive IICEP membership information? : Yes No

Have you participated in IICEP induction? YES NO Other

Please indicate if you would be willing to serve on any chapter committee: Yes Not at this time

Is there a specific committee you would like to serve on? _____

Permission to use photographic images:

Permission to use photographic images:

Photographs of IICEP members may be used in various IICEP communications incl. the newsletter and website. Group photographs taken at IICEP events may be used without identifying individual members. For individual photographs, please indicate your permission for use:

_____ IICEP has my permission to use and identify photographs of me.

_____ IICEP must contact me before using any identified photographs of me in IICEP communications.

ACADEMIC QUALIFICATIONS (Attach Photocopies)

1 _____
2 _____
3 _____
4 _____

Declaration

I confirm that all the answers above are true to the best of my knowledge and I believe I am able to participate in the activities of International Institute of Chartered Educational Practitioners.

Signature: _____ Date: ____ / ____ / ____

The person making this application is under 18 or unable to sign themselves. Therefore, I confirm that I will be taking responsibility for this person's declaration.

Name: _____ Relationship: _____

Signature: _____ Date: ____ / ____ / ____

How did you hear about us?

Friend / family	<input type="checkbox"/>	Website / online search engine	<input type="checkbox"/>
Leaflet	<input type="checkbox"/>	Driving / walking past	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>		

International Institute of Chartered Educational Practitioners. (IICEP).

Tel: 233 57 569 6889, +27 83 680 6745, +234 803 393 1497

Website: www.thechartered.org

Email: info.iicep@gmail.com, thechartered.contact@gmail.com, profainajos@gmail.com,

Please submit a copy of your Membership form to Admin via whatsapp on +234 803 393 1497 or +234 817 161 8666 or info.iicep@gmail.com *with your evidence of Payment.*

Thank you for taking time to complete your application carefully and we look forward to welcoming you to our Institute.

FOR OFFICE USE ONLY

Date Received _____

Assessed by _____

Result _____

Registration No _____