



The Professional Body of HR Practitioners in Kenya

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**APPLICATION FOR NOMINATION TO CONTEST ELECTION AS MEMBER TO THE COUNCIL**

**PART I**

**PERSONAL DETAILS:**

- (a) Full Name of Applicant (Nominee).....
- (b) National ID/Passport No .....
- (c) Current Address .....
- (d) Telephone ..... Mobile .....
- (e) Fax No ..... E-Mail .....
- (f) Membership Registration Number .....
- (g) Category of Membership .....
- (h) Post applied for .....

**PART II**

**DECLARATION BY APPLICANT**

I, (Full Name)  
.....

**DECLARE that:**

- (a) I am eighteen years and above.
- (b) I am to the best of my knowledge in sound physical and mental health to be able to carry out the responsibilities required of me by the profession.

- (c) I have not impersonated anybody on any issue concerning the profession or otherwise
- (d) I have not altered or falsified any document(s) relating to the profession or otherwise.
- (e) I am of good professional/ethical standing as required by the Professional Code of Conduct and Ethics
- (f) I am free from any criminal record(s) related to the profession or otherwise
- (g) I will, at all times in the practice of my profession observe and strictly maintain adherence to the provisions and requirements of the Professional Code of Conduct and Ethics.
- (h) The facts deponed herein are true to the best of my knowledge

SWORN at.....)

This..... Day of ..... 20.....)  
 )  
 )

BEFORE ME: ).....  
 .....

DEPONENT

)  
 )  
 )  
 )  
 )  
 )

COMMISSIONER FOR  
 OATHS/ MAGISTRATE

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## ANNEX 1: EMPLOYMENT HISTORY

<b>EMPLOYMENT HISTORY</b> (Starting with your most recent employment, give the following information about positions you have held during the past Years.)				
<b>FROM</b>	<b>TO</b>	<b>NAME OF EMPLOYER</b>	<b>ADDRESS OF EMPLOYER</b>	<b>POSITION HELD</b>

## ANNEX 11: For Official Use Only

### Clearance Checklist

<b>S/N</b>	<b>REQUIREMENT</b>	<b>YES</b>	<b>NO</b>	<b>REMARKS</b>
1	Kenya Revenue Authority			
2	Higher Education Loans Board (HELB)			
3	Criminal Investigations Dept.			
4	Credit Reference Bureau			
5	Ethic & Anti Corruption Commission			
6	Bankers Cheque			

Nomination Approval by the Returning Officer

Nomination Approved/ Note Approved

Remarks:

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\_\_\_\_\_  
Sign: (Returning Officer)

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**FORM C**

**PART I**

**LIST OF PROPOSERS, SECONDBERS AND ENDORSERS**

We, the undersigned, being members of the Institute ( ) or human resource professionals (Tick whichever is applicable) hereby nominate:

**MR/MRS/MISS/DR/PROF**.....

of (Address).....

who is a registered member registration No .....

and who is employed at.....

where he/she is engaged in.....

- ( ) Private Practice.
- ( ) Government employment.
- ( ) Parastatal employment.
- ( ) {Other employment please specify}

**NAMES OF PROPOSERS/SECONDBERS/ENDORSERS**

No.	Full Name	Address	Proposer/Seconder/ Endorser (Tick As Appropriate)	Membership Reg. No.	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

No.	Full Name	Address	Proposer/Seconder/ Endorser (Tick As Appropriate)	Membership Reg. No.	Signature
13.					

Date.....

**FOR OFFICIAL USE:**

Accepted/ Rejected.....

Reasons. Signature/Seal of Returning  
Officer.....Date.....

**PART II**

**DECLARATION BY APPLICANT**

I, .....consent to be nominated as a candidate for election as chairperson/ member of the Council by members/ human resource professionals in the Register. I declare that the statement in the nomination paper regarding my qualifications is correct.

Signature..... Registration Number.....

Address.....

**NOTE:**

- (a) This declaration form, which must accompany the nomination paper, must be received by the Returning Officer, C/O The Institute of Human Resource Management P.O. Box 6132-00300, NAIROBI not later than 4. pm on 2nd April 2024.
- (b) Only registered members and human resource professionals who are in good standing with the Institute may be proposed as candidates.