REPUBLIC OF KENYA

Institute of Human Resource Management
The Professional Body of HR Practitioners in Kenya

King Prism Towers, 24th Floor, 3rdNgong Avenue, Upperhill,
P.O. Box 6132 -00300 Nairobi, **Mobile:** +254 727 792 001, +254 111 055 184
Email: info@ihrm.or.ke **Website:** www.ihrm.or.ke

APPLICATION FOR NOMINATION TO CONTEST ELECTION

COUNCIL MEMBER

REPRESENTING: ☐ NAIROBI/CENTRAL & N.E REGION

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)

ANNEX I: EMPLOYMENT HISTORY

EMPLOYMENT HISTORY

(Starting with your most recent employment, give the following information about positions you have held during the past Years.)

FROM	TO	NAME OF EMPLOYER	ADDRESS OF EMPLOYER	POSITION HELD

ANNEX II: FOR OFFICIAL USE ONLY

Clearance Checklist:

S/N	REQUIREMENT	YES	NO	REMARKS
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			

FORM C

PART I

LIST OF PROPOSERS, SECONDERS AND ENDORSERS

We, the undersigned, being members of the Institute 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/SECONDERS/ENDORSERS

No.	Full Name	Address	Proposer/Seconder /Endorser	Membership Reg. No.	Signature
1.			Proposer		
2.			Seconder		
3.			Endorser		
4.			Endorser		
5.			Endorser		
6.			Endorser		
7.			Endorser		
8.			Endorser		
9.			Endorser		
10.			Endorser		

Date……

FOR OFFICIAL USE:

Accepted/ Rejected……

Reasons: ……

_____ _____

Sign: (Returning Officer) **Date**

PART II

DECLARATION BY APPLICANT

I, ……consent to be nominated as a candidate for election as **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 not later than **4.00pm on 12th August 2026** by the:

Returning Officer,

C/O The Institute of Human Resource Management

P.O. Box 6132- 00300, NAIROBI

(b) Only registered members and human resource professionals whose names appear in the Council's register may be proposed as candidates.

FOR OFFICIAL USE:

Accepted/ Rejected……

Reasons: ……

……

……

_____ _____

Sign: (Returning Officer) **Date**