**ISCA-CIMA Pathway**

**Application Form**

In selecting the entry requirement as a working adult from a CIMA selected organisation to be a CIMA student, I confirm that:

1. I have read and understood CIMA’s syllabus.
2. I have read and understood CIMA’s examination and assessment approach.
3. I have read and understood CIMA’s practical experience requirements.
4. I understand the risks of progression in CIMA if I do not study for the exams.
5. I understand the CIMA Code of Professional Ethics and what it means to me as a CIMA student.
6. I understand that the total programme fee is non-refundable.

|  |  |
| --- | --- |
|  | In view of the above I undertake that I will endeavour to minimise the related risks to my employer, CIMA and myself. *(Please tick the box if you are agreeable)* |

**Applicant’s Signature**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CIMA Student Information**

|  |  |
| --- | --- |
| Name |  |
| CIMA contact ID*(if you have registered previously)*Which CIMA exams have you taken previously?  |  |
| Email address |  |
| Contact No |  |
| Correspondence address |  |
| Date of birth |  |
| Employer |  |
| Higher education qualification*(Post-secondary)* |  |
| Why do you want to pursue the CIMA qualification?*(Please keep it within 20-30 words)* |  |
| What is your career aspiration?*(Please keep it within 40-50 words)* |  |
| When do you plan to sit for your first CIMA exam?*(Please state month and year)* |  |
| Which CIMA exam will you be sitting?  |  |