## Certified Marina Professional Application Form

Refer to page 6 of the Certified Marina Professional Handbook for a detailed explanation of how to fill out this application form.

## 1. Biographical Information

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| Biographical Information | |
| *Full Name* |  |
| *Organisation Name* |  |
| *Job Title* |  |
| *Personal email address* |  |
| *Personal mobile number* |  |
| *Business email address* |  |
| *Business mobile number* |  |
| *Business address* |  |

## 2. Employment History

List the names and addresses of the Marinas and or organisations that you have been employed at in the last 10 years, most recent first.

|  |  |
| --- | --- |
| Employment History | |
| *Organisation Name* |  |
| *Position held* |  |
| *Date employment commenced* |  |
| *Date employment ended* |  |
| *Total length of employment* |  |
| *Name of Line Manager* |  |
| *Marina address* |  |

|  |  |
| --- | --- |
| Employment History | |
| *Organisation Name* |  |
| *Position held* |  |
| *Date employment commenced* |  |
| *Date employment ended* |  |
| *Total length of employment* |  |
| *Name of Line Manager* |  |
| *Marina address* |  |

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| --- | --- |
| Employment History | |
| *Organisation Name* |  |
| *Position held* |  |
| *Date employment commenced* |  |
| *Date employment ended* |  |
| *Total length of employment* |  |
| *Name of Line Manager* |  |
| *Marina address* |  |

|  |  |
| --- | --- |
| Employment History | |
| *Organisation Name* |  |
| *Position held* |  |
| *Date employment commenced* |  |
| *Date employment ended* |  |
| *Total length of employment* |  |
| *Name of Line Manager* |  |
| *Marina address* |  |

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| --- | --- |
| Employment History | |
| *Organisation Name* |  |
| *Position held* |  |
| *Date employment commenced* |  |
| *Date employment ended* |  |
| *Total length of employment* |  |
| *Name of Line Manager* |  |
| *Marina address* |  |

## 3. Marina Association Membership

As a CMP applicant, you will be required to be an active member of your local or regional marina association, such as the Marina Industries Association, British Marine or TYHA. This membership can be through your employer, or if your employer is not a member you can obtain an individual membership. Note individual membership is only available through the MIA and will be evaluated on a case-by-case basis.

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| --- | --- |
| Marina Association Membership | |
| *Association Name* |  |
| *Association Contact* |  |

You may also wish to mention other civic and professional organisations you are involved in e.g. Superyacht Australia or The Coast Guard.

|  |  |
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| Other Association Membership | |
| *Association Name* |  |
| *Association Contact* |  |
| *Office held (if applicable)* |  |
| *Committee served on (if applicable)* |  |
| *Were you involved in any local community marine projects?* |  |

## 4. Education, training and professional development

Ensure a copy of your Advanced Marina Management Certificate is attached to your final application submission. You are **not** required to attach any other evidence of education, training and professional development including evidence of completion of the IMM course.

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| --- | --- |
| Education, training and professional development | |
| *List any college, university or professional qualifications you have achieved in your career.* |  |

|  |  |
| --- | --- |
| Intermediate Marina Management Course | |
| *Course Date attended* |  |
| *Course Location* |  |

|  |  |
| --- | --- |
| Advanced Marina Management Course | |
| *Course Date attended* |  |
| *Course Location* |  |
| *Certificate attached to submission* |  |

List any marina/job related courses that you attended over the last five years

|  |  |  |
| --- | --- | --- |
| Professional Development | | |
| *Course Date attended* | *Course Location* | *Course description* |
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## 5. Industry Involvement Form

Use attachment A to show evidence of your individual role, responsibilities, and contributions to at least 4 successful marina-related projects throughout your career. Ensure you include sufficient supporting documentation in an appendix. This form should be completed electronically and submitted as a PDF document.

## 6. References

Four letters of recommendation are required and must be submitted with the application.

|  |  |  |  |
| --- | --- | --- | --- |
| Letters of recommendation | | | |
| *Reference No.* | *Reference Type* | *Referee Name* | *Referee Email Address* |
| *1* | Active Certified Member |  |  |
| *2* | Past or Present Employee |  |  |
| *3* | Business Associate |  |  |
| *4* | Additional Letter |  |  |

## 7. Other information

This information will be treated confidentially. If you answer yes to any of these, you must provide a written explanation on a separatee document and attach to your application.

|  |  |  |
| --- | --- | --- |
| Other Information | | |
|  | *Yes* | *No* |
| *Have you ever been involved in a reorganisation for the benefit of creditors, or in a bankruptcy as a debtor?* |  |  |
| *Have you ever been involved in either civil or criminal legal proceedings as a defendant in which there were allegations of fraud, misrepresentation, miss appropriation of finds or property, etc.* |  |  |
| *Have you ever been subject to disciplinary action by another professional organisation?* |  |  |

## 8. Supporting Documentation

Ensure you attach the following supporting documentation when submitting your application.

* Organisation Chart
* Industry Involvement Form
* Letters of Reference
* Current CV
* Copy of AMM certificate

## Verification of information

I hereby acknowledge that the information provided in this application form, along with all supporting documentation, is true and accurate to the best of my knowledge and ability. I understand that the information may be validated by the review panel if necessary and that any false or misleading information could result in the rejection of my application.

I acknowledge that this application and its supporting documentation will be shared with the review panel and individuals involved in the certification process, unless stated otherwise.

**Name:**

**Signature:**

**Date:**