

**WORK EXPERIENCE DECLARATION**

**FORM**

**Your details**

|  |  |
| --- | --- |
| **First name** | Click here to enter text. |
| **Last name** | Click here to enter text. |

**Eligibility**

Select below the reason you are eligible to study CertICM. For further information on eligibility criteria see section 1.3 Entry Requirements and Exemptions of the CertICM webpage.

I have three years’ experience of working in a cash management role.

**Work experience**

To prevent your application being delayed, we recommend you look at the Operational level of the ACT Competency Framework and see if you recognise the competencies in your personal work and cite these as examples.  To view the competency framework, please visit <https://www.treasurers.org/learning/competency-framework/job-level>

Please provide details of your relevant work experience in the table below (table will expand).

|  |  |  |  |
| --- | --- | --- | --- |
| **Date from/****to** | **Job title** | **Company** | **Responsibilities** |
| Click here toenter text. | Click here to entertext. | Click here to entertext. | Click here to enter text. |

**Reference**

The section below must be completed and signed by a referee. The referee must confirm that the information provided in this form is, to the best of his/her knowledge, correct. Your referee can be a line manager or another colleague. We may contact your referee to verify this information.

**Referee details and declaration**

|  |  |
| --- | --- |
| **First name** | Click here to enter text. |
| **Last name** | Click here to enter text. |
| **Job title** | Click here to enter text. |
| **Company** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Relationship****to applicant** | Click here to enter text. |

I confirm that, to the best of my knowledge, the information provided in this form is correct.

|  |  |
| --- | --- |
| **Date** | Click here to enter a date. |

**Signature**