

Hong Kong Society for Quality

Limited by Guarantee

Founding member of Asian Network for Quality (ANQ) Founding member of World Alliance of Chinese Quality (WACQ)

Application for Certified Quality Manager (HKSQ)

(Valid till 30 June 2021)

Personal Particulars

The applicant must be an individual member of HKSQ in order to be eligible to apply.

(Student members are not eligible to apply)

Dr./Mr./Mrs./Ms:	(in Chinese):			
· · · · · · · · · · · · · · · · · · ·	in block letter, other name)	(•		
☐ HKSQ Membership Number: or ☐ HKSQ membership application form attached (✓ the appropriate box above)				
Telephone (Office):	(Cellular):	(H	lome):	
Fax Number:	Email:			
Address:				
I wish to use the following prof for Certified Quality Manager	·	nd academic	qualification(s) to apply	
Professional Experience: ☑ 6	either A or B			
A. \Box I have a minimum of four	r years of on-the-job ex	perience in o	ne or more of the areas	
of the Certified Quality Manager Body of Knowledge, in which at least a minimum of two years of this experience must be in a decision-making position				
Work experience (in reverse chronological order, i.e., list the most recent job first)				
<u>Organization</u>	Job Title/F	Position Position	<u>Period</u>	



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<u>Organ</u>	<u>nization</u>	Job Title/Position	<u>Period</u>		
B. \sqcup My Exemption of professional experience had been approved by HKSQ on					
(dd/mm/yyyy, a date that is within two years on the day of this					
application)					
Please attacl	a copy of the appro	val from HKSQ			
Academic Qualifi	cation: 🗹 C, D, E, F	or G			
	-	e following course accredite	ed by HKSQ as listed on		
http://www.hksq.org/acourselist.htm:					
Institution					
University Program					
Completed					
Degree Awarded					
Degree Awarded	(Note: Please attach	a copy of the certificate / tra	nnscript for verification.)		
Date (dd/mm/yyyy)					
		e awarded within the last 5 years o	on the day of this application)		
D. \square I have attended the Certified Quality Manager Training Course organized or					
co-organized by Hong Kong Society for Quality, passed the examination and					
obtained the certificate on (dd/mm/yyyy, a date that is within					
two years on the day of this application).					
Please attach a copy of your certificate.					



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E. 🗆	I have attended the HKSQ Certified Quality Manager Certification Examination and			
	passed on day of this application).	(dd/mm/yyyy, a date that is within two years on the		
	Please attach a copy of your	certificate		
F. 🗌	I have applied for individual	-assessment of academic qualification and approved by		
	HKSQ onday of this application).	(dd/mm/yyyy, a date that is within two years on the		
	Please attach a copy of the a	pproval from HKSQ		
G. 🗌	I am a holder of ASQ Certific	ed Manager of Quality / Organization Excellence		
	(CMQ/OE), the certificate will expire on (dd/mm/yyyy; the day of this application must be at least six months before the expiry day of your ASQ CMQ/OE certification).			
	Please attach a copy of your	certificate		
Applica		o of HKD 900 (payable to ociety for Quality Limited") is attached.		
Fee ca	n also be deposited into HKSC) Hang Seng Bank account 786-035329-883 .		
Send th	ne bank advice together with the a	pplication form to HKSQ by Post or email to hksq1986@gmail.com.		
	The application fee will be wai	ved when option D or E is selected.		
Applic	cant's Signature:	Date:		
Click ht	tp://www.hksq.org/cert_hksq_cqm.h	tm for requirements of CQM registration.		
Mailing	Address of HKSQ: Hong Kong Soci	ety for Quality, P.O. Box 84375, Hunghom Bay Post Office, Kowloon.		



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For Office Use Only	
Received on:	-
Application Evaluated by:	Date:
Decision: □ APPROVE □ REJECT	Reason:
Certificate No.:(for	approved application only)
Signature:	Date: