

ICMCI - ACCREDITED CONSULTING PRACTICE SCHEME SPECIMEN DECLARATION OF INTENT

CONTACT DETAILS
Trading Name:
Address:
ZIP/Postcode
Telephone: Fax:
E-mail: Website:
Nominated contact: Position:
PRACTICE DETAILS
Principals:
Authorised signatory:
No. of Consulting Staff (i) Employed(ii) Associates
Employment Terms (e.g. Salaried, Commission, Entry fees, Contracts etc.):
Note: where the majority of consulting staff are not directly employed an address list will be required.
Current Membership of Institute
Fee income from clients: (Approx.) Other income:

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Document Title	Accredited Consulting Practice – Specimen Declaration of Intent	Version #	2.0
Document Authority	PSC	Status	Draft
System Reference	ICMCI-ACP-002	Date	20/05/2013



DECLARATION
I
(ACP) status of the <institute> within one year from the date of this declaration.</institute>
To that end I agree that:
• the Institute staff shall have reasonable access to staff of the practice,
 we have or will develop training and development processes and systems that are equivalent to the criteria laid down by the Institute for its Certified Management Consultant (CMC) qualification,
 we will submit to review and audit of those processes and systems as required by the Institute,
 on achieving Accredited status we will encourage our staff to become members of the Institute and promote the benefits of membership, all management consultants who qualify will become CMC member of the Institute, to this end we will allow Institute staff reasonable access,
• we pay an initial fee of <plus tax="">, we understand that should Accredited status not be achieved within a year then a further annual fee may be charged,</plus>
• we accept that the fee will cover up to man hours of consultancy advice from the Institute if required. Consultancy required in excess of this will be charged at a rate of per diem,
 on successful audit we pay a Accredited Consulting Practice fee annually, also we will pay subscription fees for our members of the Institute, as set out in the fees schedule of the Institute,
• being Accredited we will submit yearly review visit and three-yearly re-accreditation audit as required by the Institute,
• the Practice will adhere to the Institute's Code of Professional Conduct and Complaints and Disciplinary Procedure.
This declaration is approved and endorsed by the Directors / Partners / Management of the Practice.
Signed(Authorised signatory) Name Date

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