



**OFFICE USE ONLY**

Comp Listing: .....  
 Approved: .....  
 Date: .....  
 Grading: .....  
 Cert. Issued: .....

**INSTITUTE OF HOSPITALITY IN HEALTHCARE**  
**Application to be Considered for Regrading of Membership**

(Please Print)

Surname ..... Given Name/s .....

Position/Title ..... Current Employer .....

Address ..... Suburb ..... State,..... P/C.....

Email .....

Phone..... Mobile .....

Membership Number ..... Present Grading ..... Duration of present grading ..... years

From	Date To	Position Held	No of Staff Supervised	Name of Institution	Duties & Responsibilities

**\*\* ATTACH PHOTOCOPIES OF ALL QUALIFICATIONS AND RETURN TO YOUR STATE BRANCH AS LISTED BELOW**

Courses, Diplomas or Degrees	College or University	I do solemnly and sincerely declared that the above information made in this application it true and correct in every particular.

Signature: ..... .Date: .....

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