

APPLICATION FORM FOR PRO-RATA ADJUSTMENT OF CPD HOURS



Types of Leave for which a Pro Rata Adjustment of CPD Hours may be Claimed

If you are a Qualified or Grandfathered Person and are not providing financial advice or working in a specified function during a defined period, you may be entitled to a pro rata reduction in the required number of CPD hours for any given year. You are however still required to make an annual CPD return.

CPD Pro-Rata adjustments are only permitted in the following situations as outlined in the Central Bank of Ireland's Minimum Competency Code:

Leave Type	Link / Narrative
Statutory Leave:	
Adoptive Leave	https://www.gov.ie/en/service/295b84-adoptive-benefit/
Block Carers Leave	https://www.gov.ie/en/service/455c16-carers-benefit/
Block Parental Leave	https://www.gov.ie/en/service/a7afca-unpaid-parental-leave/ • Pro-rata adjustments will only be made for block periods in excess of 6 weeks or more.
Maternity Leave	https://www.gov.ie/en/service/apply-for-maternity-benefit/
Paternity Leave	https://www.gov.ie/en/service/apply-for-paternity-benefit/ • Must be taken in a continuous block of 2 weeks
Sick Leave	• for periods of not less than 2 consecutive months-subject to medical certification of illness.
Other Leave:	
Parents Leave	https://www.gov.ie/en/service/b321b1-parents-benefit/ • must be taken in a minimum block of 1 week and is subject to a maximum 7 weeks in total.

Pro Rata adjustments are **not** granted in the following situations:

- Part-time work / Job sharing
- Redundancy / Unemployment where the member still wishes to retain their designation/status
- Holidays (including when taken immediately prior to or following maternity/adoptive/parental/carers' leave)
- Career breaks / Sabbatical leave
- Any statutory leave entitlement which is untaken or not availed of.

Application Procedure

If you wish to apply for a pro rata adjustment of CPD hours you must complete this form, ensuring you include as best you can, the start and end dates for each type of leave you are applying for, and also provide us with:

- Medical evidence for Sick leave
- Employer sign off for all other forms of leave

OR

- If you have no employer, sign off by the relevant Department e.g. Social Protection

Please note that there is a maximum reduction applied so in any year of leave **some** CPD will need to be completed. This amount will be confirmed by the Member Services team.

For more detailed information around pro rata adjustments, please refer to our CPD rules document at <https://www.iii.ie/upload/cpd/CPDRules.pdf>

**When completed, please scan and email this form to: memberservices@iii.ie OR
Return it by post to: The Insurance Institute, 5 Harbourmaster Place,
IFSC, Dublin 1, D01 E7E8**

Please use BLOCK letters and place an X in relevant boxes.

PERSONAL DETAILS

Name:	Membership No:
Company/Employer:	
Email:	Phone:

REASON FOR APPLICATION

Refer to section overleaf titled 'Types of Leave for which a Pro Rata Adjustment of CPD Hours may be Claimed' for details of minimum pro rata periods.

Maternity:	Illness:	Adoptive Leave	Carer's Leave	Parental Leave	Parent's Leave
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Other (please specify):

1. Maternity Leave See: <https://www.gov.ie/en/service/apply-for-maternity-benefit>

From:	To:
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2. Illness (minimum of two consecutive months or more)

Details of illness:

From:	To:
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Doctors report attached (required for illness):	Yes:	No:
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If no, please give reason:

3. Other Leave incl. Adoptive Leave Carer's Leave Parental Leave Parent's Leave Paternity Leave

From:	To:
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See links under section 'Types of Leave for which Pro Rata CPD Adjustment of CPD Hours may be Claimed'

Letter/communication from employer attached (required for all):	Yes:	No:
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If no, please give reason:

DECLARATION

I understand that the information provided by me on this form will be processed in line with Data Protection legislation and the Institute's Data Protection Policy available at www.iii.ie/about/data-protection-and-privacy-policy.
I confirm that the information provided by me on this form is accurate. I agree that the information I am providing on this form and in any related supporting documentation may be used by the Institute for the purposes of considering my request for Pro Rata adjustment of CPD hours. I understand that any sensitive or special category information (e.g. health information) will be treated confidentially, restricted to those who need to process it and kept only for as long as is necessary.
I hereby confirm that I have read, understood and agree to the terms and conditions set out in this form and in the CPD Rules which are available in the Member Area of the website.

Name:	Signature:
Date:	

SIGNATURES

Member:	Date:
Manager:	Date:
Print name (Line Manager):	Title: