

# III QUALIFICATION APPLICATION FORM

(PLEASE USE BLOCK CAPITALS) Please note incomplete forms will be returned

Insurance  
Institute of  
Ireland



III MEMBERSHIP NUMBER (If known)

## Personal Details

Salutation Mr/ Ms/ Mrs/ Other (please state)

First Name

Surname

Maiden Name

Date of Birth  /  /

Gender  Male  Female

Home Address

Telephone

Mobile  /

Email Address 1\*

Email Address 2\*

\* Please note 2 unique email addresses are required

## Employment Details

Employer

Area

Administrator  Education  Sales / Marketing  
 Advisor  Finance  Supervisor / Controller  
 Broker  HR / Training  Surveying / Risk Mgmt  
 Business Owner  IT Administration  Technical Advisor  
 Claims  Loss Adjusting  Underwriting  
 Compliance  Mortgages  Other

Work Address

Work Telephone

Address where you wish to receive exam related materials:  Home  Work  
Please note materials will be delivered 9 to 5 Monday to Friday

## III Student Details

Mother's Maiden Name

Place of Birth (County; Country if outside Ireland)

If you are a past UCD student please also complete this section

UCD Student Number

UCD Student Start Date  /  /

UCD Student End Date  /  /

## III Exam Centres

Centres		Exam Semesters		
Centre	Code	Jan	May	Sep
Cavan	330	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cork	302	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dublin	301	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Galway	304	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Limerick	303	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sligo	306	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wexford	310	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please choose the exam centre of convenience to you.

**Disclaimer:** While every effort will be made by the III to ensure your exam will be available at your preferred exam centre, please note it may be necessary to alter or cancel an exam due to circumstances beyond our control. In the event of a cancellation we will contact you to ensure you can make alternative arrangements.

## Qualification Details

Qualification e.g. Professional Diploma in Insurance (CIP), Diploma in Life Administration (DLA)

Semester (You wish to sit exams in) Year     Month

Special Case Candidates  
Candidates who have a physical or sensory disability or a specific learning problem (e.g. dyslexia) and who wish to avail of support please indicate here and include copies of supporting documentation with your application

## Exam Details

Module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exam & Textbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeat Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

