

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.

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

Types of Statutory Leave	Link / Narrative
Adoptive Leave	https://www.gov.ie/en/service/295b84-adoptive-benefit/
Carer's Leave (block)	https://www.gov.ie/en/service/455c16-carers-benefit/
Illness Leave	https://www.gov.ie/en/service/ddf6e3-illness-benefit/
Parental Leave (block)	https://www.gov.ie/en/service/a7afca-unpaid-parental-leave/
Parent's Leave	https://www.gov.ie/en/service/b321b1-parents-benefit/
Paternity Leave	https://www.gov.ie/en/service/apply-for-paternity-benefit/
Maternity Leave	https://www.gov.ie/en/service/apply-for-maternity-benefit/

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

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

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 of Illness Leave
- Employer Confirmation for any 'Other 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 Scheme document [here](#)

**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:
Email:	Phone:
Company/Employer:	

REASON FOR APPLICATION

Links to each type of leave for which a Pro Rata Adjustment of CPD Hours may be requested for, are shown on page 1 of this form.

Leave Type (alphabetical)*	Max Period	Date From:			Date To:			Weeks of Leave
Adoptive Leave	24 weeks	DD	MM	YY	DD	MM	YY	
Carer's Leave		DD	MM	YY	DD	MM	YY	
Illness Leave** (min 2 consecutive months)		DD	MM	YY	DD	MM	YY	
Maternity Leave (Paid)	26 weeks	DD	MM	YY	DD	MM	YY	
Maternity Leave (Unpaid)	16 weeks	DD	MM	YY	DD	MM	YY	
Parent's Leave	9 weeks	DD	MM	YY	DD	MM	YY	
Parental Leave (min block 1 week)	18 weeks	DD	MM	YY	DD	MM	YY	
Paternity Leave (block only)	2 weeks	DD	MM	YY	DD	MM	YY	
Other Leave***		DD	MM	YY	DD	MM	YY	

*Note that a pro rata CPD adjustment cannot be requested for annual leave / bank/public holidays.

**Illness Leave – a doctor's cert/report or supporting document from your employer must be submitted with your application.

Illness Leave – please provide details	
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**Other Leave– specify what other type of leave you are claiming a pro rata CPD adjustment for.

An Employer's letter must be attached in respect of a pro rata CPD adjustment requested for 'Other Leave'.
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Have you attached an Employer's letter to this application?	Yes:	No:
If no Employer Letter is being attached, please state the reason and provide details of the 'Other Leave'.		

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/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 Scheme which are available in the Member Area of the website.

Name:	Signature:
Date:	

EMPLOYER CONFIRMATION

I hereby confirm that the staff member details shown on this form are accurate and correct.

Line Manager Name:	Title:
Line Manager Signature:	Date: