# **APPLICATION FORM:** HIGHER DIPLOMA IN BUSINESS IN INSURANCE MANAGEMENT (MDI) – use this form for all modules

Date of Birth

\* Please note 2 unique email addresses are required

Gender



| PLEASE USE BLOCK CAPITALS) Ple  | ease note incomp    | lete forms will b     | pe returned  |                               |                  |
|---|---------------------|-----------------------|--|-------------------------------|------------------|
| MEMBERSHIP NUMBER (If known)  |                     |                       | If you are not a member of the Insurance   | ce Institute, please          | tick this box. [ |
| Before completing this application, https://  |                     |                       | oma in Business in Insurance Mana<br>r-diploma-in-insurance-managemer  |                               | ne details at:   |
| As this programme is placed at Lev  | be                  | efore you can b       | rk, there are specific entry requirem<br>be first admitted.<br>te the Entry Requirements Section o   |                               | be satisfied     |
| Entry Requirements  |                     |                       | completed an MDI coded modu<br>plete this section  | ıle previously,               |                  |
| As the Higher Diploma in Business in Insurance must be satisfied before you can be admitted or as part of your application. |                     |                       |  |                               | ich              |
| Please select from the following list, your high  | ghest education qua | alification (as on th | he NFQ Ireland framework)  |                               |                  |
| Level 10 / Doctorate  | Yes                 | ☐ No                  | Level 9 / Masters  | ☐ Yes                         | ☐ No             |
| Level 8 / Hons Degree   | Yes                 | ☐ No                  | Level 7 / Degree   | ☐ Yes                         | ☐ No             |
| <ul> <li>Level 7 / Certificate in Insurance Pra<br/>AND 3 years post-CIP work experie</li> </ul>                            |                     |                       |  | ☐ Yes                         | ☐ No             |
| Personal Details  Salutation Mr/ Ms/ Mrs/   | nttps://qsearc      | n.qqi.le/webParvSe    | Employment Details  Employer   |                               |                  |
| [First Name   |                     |                       |  |                               |                  |
| First Name  |                     |                       | Job Title  |                               |                  |
| Surname   |                     |                       | Work Address   |                               |                  |
| Home Address (Note that due to HEA statutory your home address & Eircode de   |                     | ST provide            |  |                               |                  |
|   |                     |                       | Eircode  |                               |                  |
| Eircode   |                     |                       | Work Telephone   |                               |                  |
| Telephone   |                     |                       | Address where you wish to receive exam related materials:  Please note if you select home address, ma Monday to Friday and will require a signature. | terials will be delivered s   | 9am to 5pm       |
| Mobile  |                     |                       |  |                               |                  |
| Email Address 1*  |                     |                       | Additional Assistance  |                               |                  |
| Email Address 2*  |                     |                       | Candidates who have a physical or sensory disa   | ability or a specific learnir | ng problem (e.g. |

dyslexia) and who wish to avail of support, please contact Deirdre Morrissey in Member

Services who will advise you how to apply and the supporting documentation required. If you have any further queries, please contact: memberservices@iii.ie - 01 645 6670

| Student Details*   |                                   |                             |  |   | Payment Details  |  |
|--|-----------------------------------|-----------------------------|--|---|--|--|
| *The following infor   | mation is required I              | by our awarding bo          | dy, ATU Sligo                                  |   |  |  |
| I have already provided the required Student Details information in a previous application.  I am not resident in the Republic of Ireland and have no PPS Number   |                                   |                             | Payment Method                                 |   |  |  |
| Country of Birth Nationality   |                                   |                             |  |   |  |  |
| DESCRIPTION OF THE PROPERTY OF |                                   | and Niverban (if her arres) |  | Cheque/   (Please cross your payment and make payable to 'The |  |  |
| PPS Number ATU Sligo Student N   |                                   | ent Number (if known)       |  | Insurance Institute')   |  |  |
| Credit / Debit Ca  |                                   |                             | Credit / Debit Card Laser Mastercard Visa Amex |   |  |  |
| Exam Details (See also: Course Fees)   |                                   |                             | ees)   |   | Number   |  |
| Module Code  | Course<br>Requirements            | Registration & Textbook     | Repeat Registration & Textbook                 |   | Name   |  |
| MDI-01   | Compulsory                        |                             | ū  |   | Expiry Date , CVV (Last 3 digits on  |  |
| MDI-02   | Modules                           |                             |  |   | reverse of card)   |  |
| MDI-04   |                                   |                             |  |   | Sponsoring Employer  |  |
| MDI-05   | - Complete<br>any 1<br>of these 3 |                             | ū  |   | Contact Details  |  |
| MDI-06   | modules                           |                             |  |   |  |  |
| MDI-07   | Complete                          |                             | ٦  |   | PO Number (if applicable)  |  |
| MDI-08   | any 2<br>of these 3               |                             |  |   | *Sponsorship will be verified with your employer by The Insurance Institute before your application is processed. Please note that we may also contact your sponsoring employer on renewal                 |  |
| MDI-09   | - modules                         |                             |  |   |  |  |
|  |                                   |                             |  |   | Chiployer of Tenewal   |  |
| Micro-Cred   | entials (Digi                     | ital Badges)                | - For Modules                                  | MD  | 0I-04, 05 & 06 ONLY  |  |
| Technological Uni  | versity (ATU), the Ir             | stitute is offering sp      | oecialist digital badges in N                  | /lotor  | our knowledge and skillset in a shorter timeframe. In partnership with the Atlantic r Insurance, Liability Insurance and Commercial Property & Business Interruption ales. More details are available here |  |
| On successful cor  | mpletion, learners v              | vill receive a certifie     | d Digital Badge, jointly awa                   | arded   | by ATU and the Insurance Institute for:  |  |
|  | oility Specialist;                | ınd Business Interru        | uption Specialist.                             |   |  |  |

# **Course Fees 2026 (per Module)**

Please answer the following:

| Registration Type   | Fee per<br>module | access to classes and textbook  |  |  |  |
|---|-------------------|---|--|--|--|
| Module Registration<br>Member                             | €595              | Assignments are all submitted online     An Assignment Resubmission is due to a fail result after the assignment has been correcte.     An Extenuating Circumstance is where an assignment has to be submitted after the        |  |  |  |
| Module Registration Non-Member                            | €645              |   |  |  |  |
| Module Re-Registration<br>Member                          | €430              | published deadline – due to illness, accider injury or bereavement etc.  • A Module Deferral is where the entire modules is being deferred into the next available Hig Diploma term  • See Higher Diploma Assessment Regulation |  |  |  |
| Module Re-Registration Non-Member                         | €480              |   |  |  |  |
| Assignment<br>Resubmission                                | €130              | for more details.  The MCQ exam may be re-registered for if   |  |  |  |
| MCQ Exam<br>Re-Registration*                              | €125*             | <ul> <li>assignment has been successfully completed.</li> <li>Late applications cannot be accepted on this course.</li> </ul>   |  |  |  |
| Extenuating<br>Circumstance Assignment<br>Re-Registration | €70               | * An MCQ exam re-registration taken outside<br>the normal exam sitting cycles will attract<br>an additional charge – please contact<br>Member Services  |  |  |  |
| Module Deferral   | €195              | All Institute fees are non-transferable and   |  |  |  |
| Exam Recheck (MCQ Only)                                   | €40               | non-refundable. Whilst a service registered for<br>may be cancelled (e.g. a membership or examapplication), the fee cannot be   |  |  |  |
| Exemption (per programme)                                 | €95               | refunded or transferred once the application has been processed.  |  |  |  |

Tick the option that best describes your motivation for taking MDI-04, MDI-05 or MDI-06:

I am taking this module to earn the Digital Badge and continue towards achieving the Higher Diploma award.

I am not taking MDI-04, 05 or 06 at this time, therefore this question is not relevant to me.

I am taking this module **solely** to earn the Digital Badge at this time.

# **Data Protection and Privacy**

- 1. The Insurance Institute respects the right to privacy of its members.
- 2. The Insurance Institute processes personal data in accordance with Data Protection legislation and the Institute's Data Protection & Privacy Policy [available at www.iii.ie/Data-Protection-And-Privacy-Policy]

3. When examinations are provided in the online environment, the Institute appoints a third party contractor to invigilate the examinations and to collate the results of multiple choice examination questions. For the purpose of invigilation, it is necessary for the Institute to provide certain personal data to the third party contractor. It is also necessary for the contractor to collect additional personal data from the candidate. If this application concerns an examination to be taken remotely, it is mandatory that you read the Addendum to the Privacy Policy applicable to online examinations [available at – www.iii.ie/Portals/0/Documents/Membership%20Information/da ta-protection-and-policy-addendum.pdf]. Please confirm that you have read this and give your consent to the collection and processing of this data in accordance with the terms of the Addendum, by ticking the box below:

For the purpose of taking my examination in the online environment, I confirm that I have read the Addendum to the Data Protection and Privacy Policy of the Institute applicable to online examinations and I hereby consent to the processing of my personal data in accordance with the terms of that Addendum

# **Terms and Conditions**

## Maximum Modules per Semester

I hereby agree that the maximum number of Higher Diploma modules I may register for and take in any one semester is two, regardless of whether these modules are taken for the first time or as repeats, unless by written agreement with the Insurance Institute.

#### **Use of Company Specific Information**

I hereby agree to seek permission from my employer to disclose any company specific information within my assignments or to anonymise my submission so that confidential information is protected.

The Institute ensure, under their code of ethics, to not make improper use of information or disclose, or allow to be disclosed, information provided to them in the course of application, registration, extenuating circumstances and submission of assignments.

#### **Employer Sponsorship**

I hereby agree that where my employer is sponsoring my module, the Insurance Institute may share the following information with them:

- Confirmation of registration
- Module results (pass/fail/withheld only)
- Attendance/non-submittal/deferral of assignment
- Designation status (if accepted)

Please note that we do not disclose to employers any information regarding physical or mental health issues with are notified to us (e.g. for deferral of assignment).

# **Other Third Parties**

We may also share your information with our educational partners (e.g. CII) or other relevant third parties e.g. assessors, 2nd markers, anti-plagiarism software provider, lecturers or as required in order to comply with legal, regulatory or compliance obligations. We also share your address/contact information with our textbook fulfillment service provider(s).

## **Designation Status & CPD**

I hereby agree that if I hold an Insurance Institute designation I will:

- Maintain my membership of the Insurance Institute
- Fully participate in a Continuing Professional Development (CPD) Scheme and comply with its requirements
- Provide the Insurance Institute with my accurate and up to date contact details

I hereby agree that as a condition of my CPD membership of the Insurance Institute, it may provide information on my CPD activity to its Professional Standards Committee (PSC) which oversees the administration of our CPD Scheme and ensure the upholding of professional standards and ethics throughout the industry.

#### Student Charter

I agree to abide by the rules and regulations of assessment, code of ethics and membership terms and conditions. I understand that I am required to:

- Attend and participate in classes and scheduled examinations
- · Submit on or before the stated deadline
- Allow my submission to be checked by anti-plagiarism software
   Submit my own researched and referenced work
- · Adhere to the assessment rules and regulations
  - Provide ample notice and collaborating evidence for missed submission deadline and pay any fee incurred Not provide information in my assignment that will compromise the confidentiality of my employer and its business

The Institute agree to provide all necessary materials and classes for your module, provide supports and services to assist you in the course of your studies, treat all written submissions as confidential and seek your feedback to evaluate and continuously improve our services and programme offerings.

| Declaration   |            |  |  |  |  |  |
|---|------------|--|--|--|--|--|
| I wish to apply to participate in the Higher Diploma in Business in Insurance Management (MDI) programme and for the module(s) I have indicated.  |            |  |  |  |  |  |
| I hereby confirm that I have read, understood and agree to the terms and conditions set out on this form and as published in the following documents (available at www.iii.ie)  Higher Diploma in Business in Insurance Management (MDI) Rules and Regulations  Code of Ethics Prospectus Data Protection & Privacy Policy Membership Terms & Conditions  I also hereby confirm that, if completed on this form, the entry requirements information I have provided are true, complete and accurate and I am aware that I will be required to provide supporting evidence on request. |            |  |  |  |  |  |
| Name (please print)   |            |  |  |  |  |  |
|   |            |  |  |  |  |  |
| Signed  | Date / / / |  |  |  |  |  |