APPLICATION FORM: APA / CIP

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

| | | | | | - |
|-------------------|--|--|--|--|---|
| MEMBERSHIP NUMBER | | | | | |
| (If known) | | | | | |



| Personal Details | Student Details* | | | | |
|--|---|--|----------------|----------------|--------------|
| Salutation Mr/ Ms/ Mrs/ Other (please state) | *The following information is req | uired by our a | awarding boo | dy, ATU Sligo |) |
| First Name | I have already provided the required Student Details information in a previous application. | | | | |
| Surname | Country of Birth Nationality | | | | |
| Maiden Name | PPS Number ATU Sligo Student Number (if known | | | r (if known) | |
| Date of Birth / / | Exam Centres | | | | |
| Gender Male Female | Exam centres | | | | |
| | Centres & Centre Codes | | Exam Sei | mesters | |
| Home Address: (Note that due to HEA statutory requirements, you MUST provide your home address & Eircode details here) | Centre Code | Jan | | Мау | Sep |
| | | 1 | | ✓ | √ |
| | | / | | / | √ |
| | Following the Covid health | | | / | <i>\</i> |
| | crisis and until further notice all Institute examinations are | | | / | 1 |
| Eircode | delivered online and not in physical examination centres | | | / | √ |
| Telephone | priysical examination centres | · | | 1 | 1 |
| | | / | | ✓ | ✓ |
| Mobile | | | | / | 1 |
| Employment Details Employer | Designation Sough Designation e.g. Accredited P Certified Insurance Practitione | roduct Advise | er (APA), | | |
| Job Title Semester (You wish to sit exams in) Year Month | | | nth | | |
| Area of Work | | | | | |
| Administration/Processing Finance Loss Assessing Risk Management/Surveying Claims IT/Data Sales/Marketing Compliance Loss Adjusting Underwriting Work Address | Additional Assistan Candidates who have a physical dyslexia) and who wish to avail of Services who will advise you how lif you have any further queries, premberservices@iii.ie - 01 645 | or sensory dis of support, plea w to apply and lease contact: | ase contact Do | eirdre Morriss | ey in Member |
| | Exam Details | | | | |
| | Centre Code | | | | |
| | Module Code | | | | |
| Eircode | Exam & Textbook | | | | |
| Work Telephone | Exam Re-Registration | | | | |
| Address where you wish to receive Work Home | Extenuating Circumstances | | | | |
| exam related materials: | Late Application | | | | |
| Please note if you select home address, materials will be delivered 9am to 5pm Monday to Friday and will require a signature. | Paper Surcharge ¹ | | | | |
| | See fees overleaf. Surcharg made online in the Member A | | oly to applica | tions | |

Terms and Conditions

Employer Sponsorship

I hereby agree that where my employer is sponsoring my exams, the Insurance Institute may share the following information with them to facilitate them in complying with their obligations under the Central Bank's Minimum Competency Code 2017 ("MCC"):

- confirmation of exam registration;
- attendance/non-attendance/deferral of exam;
- exam results (pass or fail only) except if awarded a Certificate of Excellence for a result of 80% or above;
- designation status (if accepted).

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

Third Parties

We may also share your information with our educational partners (e.g. ATU Sligo, our current Awarding Body), other professional/regulatory bodies (e.g. CII, if you are a dual member), or other relevant third parties e.g.

examiners, invigilators, lecturers or as required in order to comply with legal, regulatory, statutory or compliance obligations. We also share you address/contact information with our textbook fulfillment service provider(s).

If requested by the Central Bank, we may disclose information to assist it for the purposes of discharging its functions under the Minimum Competency Code.

Designation Status & CPD

I hereby agree that in the event that I hold an Insurance Institute designation that 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.

Register of Compliant Persons

The Institute publishes a Register of Compliant Persons (as part of the Central Bank's Minimum Competency Code) in which the names of current members holding one (or more) designations and grandfathered members are listed.

I understand that I can request removal of my name from the Register at any time by contacting the Institute.

The following documents are available to view at www.iii.ie

- **Examination Regulations**
- **Exemption Policies**
- Prospectus
- Data Protection & Privacy Policy
- Code of Ethics & Conduct
- Membership Terms & Conditions

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/data-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 🔲

| Declaration | |
|---|--|
| I wish to apply for the exam(s) at the Exam Centre(s) I have marked on this form. I hereby confirm that I have form (and at www.iii.ie/Membership-Terms-Conditions), the Exam Regulations and Prospectus. Name (please print) | nave read, understood and agree to the terms and conditions set out on |
| | |
| Signed | Date / / / |

Course Fees 2025 (per Module)

| Course Modules | Per MCQ Module | Per Written Module | |
|---|----------------|--------------------|--|
| Exam Entry & Textbook | €385 | | |
| Exam Re-Registration ¹ | €205 | | |
| Extenuating Circumstances ² | €95 | | |
| Late Application ³ | €50 | | |

- ¹ Exam Re-Registration available only for the two exam semesters immediately following the original exam registration.
- ² Extenuating Circumstances due to absence from exam due to extenuating circumstances supported by independent evidence and submitted to the Institute within 10 days of the original exam date - please see Prospectus for full details.
- ³ Late Application fee is IN ADDITION to the relevant fee shown above.

All Institute fees are non-transferable and non-refundable. Whilst a service registered for may be cancelled (e.g., a membership or exam application), the fee cannot be refunded or transferred once the application has been processed.

How to achieve savings

To avail of reduced exam entry fees, login to the Member Area where exam entry fees are:

| Exam Entry & Textbook €360 | Exam Re-Registration €180 |
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'Sponsorship will be verified by The Insurance Institute before your application is

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| Payment |
| Amount € |
| Cheque/ PO Number (Please cross your payment and make payable to 'The Insurance Institute') |
| Credit / Debit Card Laser Mastercard Visa Amex |
| Number |
| |
| Name |
| Expiry Date / CVV (Last 3 digits on reverse of card) |
| Sponsoring Employer |
| Contact Details |
| |
| |
| PO Number (if applicable). |
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