



The
Insurance
Institute

17.10.16

*THE INSURANCE INSTITUTE
APPLICATION FOR*

**PRO RATA ADJUSTMENT
OF CPD HOURS**

Scan this form and return via either **Email:** memberservices@iii.ie or
Post: The Insurance Institute of Ireland, 5 Harbourmaster Place, IFSC, Dublin 1

keeping your knowledge current

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

PERSONAL DETAILS

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

REASON FOR APPLICATION

Maternity:	Illness:	Other (please specify):
------------	----------	-------------------------

1. Maternity Leave (maximum 26 weeks statutory leave and 16 weeks unpaid leave)

From:	To:
-------	-----

2. Illness (two months or more)

Details of illness:

From:	To:
-------	-----

Doctors report attached (required for illness):

Yes:

No:

If no, please give reason:

3. Other Leave incl. Adoptive Leave/Carer's Leave/Parental Leave

From:	To:
-------	-----

In the case of Parental Leave (Maximum statutory 14 weeks per child in a 12 month period): How many children 8 years of age or younger:

Letter/communication from employer attached (required for all):

Yes:

No:

If no, please give reason:

SIGNATURES

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