

APPLICATION FORM: APA / CIP

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



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

Job Title

Area of Work

Administration/Processing Finance Loss Assessing

Broking HR/Training Risk Management/Surveying

Claims IT/Data Sales/Marketing

Compliance Loss Adjusting Underwriting

Work Address

Work Telephone

Address where you wish to receive exam related materials: Work Home

Please note if you select home address, materials will be delivered 9am to 5pm Monday to Friday and will require a signature.

Student Details

Place of Birth (County; Country if outside Ireland)

Mother's Maiden Name

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

UCD Student Number

UCD Student Start Date / /

UCD Student End Date / /

*This information is required by UCD

Exam Centres

Centres	Exam Semesters		
	Jan	May	Sep
Cavan	✓	✓	✓
Cork	✓	✓	✓
Derry/Londonderry	✓	✓	✓
Dublin	✓	✓	✓
Galway	✓	✓	✓
Limerick	✓	✓	✓
Sligo	✓	✓	✓
Wexford	✓	✓	✓

Please choose the exam centre of convenience to you.

Disclaimer: While every effort will be made by The Insurance Institute 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.

Designation Sought

Designation e.g. Accredited Product Adviser (APA), Certified Insurance Practitioner (CIP)

Semester (You wish to sit exams in) Year Month

Additional Assistance Candidates
Candidates who have a physical or sensory disability or a specific learning problem (e.g. dyslexia) and who wish to avail of support should contact Member Services, who will advise you how to apply and the supporting documentation required.

Exam Details

Centre				
Module Code				
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"/>
Re-Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper Surcharge ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ See fees overleaf. Surcharge will not apply to applications made online in the Member Area.

Terms and Conditions

Data Protection & Privacy

I understand that:

- The Insurance Institute respects the right to privacy of members.
- The information provided by me on this form and generated as a result of my membership of the Institute will be processed in line with Data Protection legislation and the Institute's Data Protection Policy available at www.iii.ie/about/data-protection-and-privacy-policy.

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)
- 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. UCD, our current Awarding Body), other professional/regulatory bodies (e.g. CII, if you are a dual member), LIA, or other relevant third parties e.g. examiners, invigilators, lecturers or as required in order to comply with legal, regulatory or compliance obligations.

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

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 read, understood and agree to the terms and conditions set out on this form (and at www.iii.ie/about/membership-terms-and-conditions), the Exam Regulations and Prospectus.

Name (please print)

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Signed

Date

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Course Fees 2018 (per Module)

Course Modules	Per MCQ Module	Per Written Module
Exam Entry & Textbook	€320	
Repeat Exam ¹	€170	
Exam Re-Registration ²	€90	
Late Application ³	€50	

¹ Repeat Exam – available only for the two exam sittings immediately following the original exam sitting.

² Re-Registration – 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.

How to achieve savings

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

Exam Entry & Textbook €295

Repeat Exam €145

Payment Details

Payment Method Cash/Cheque/PO Credit/Debit Card Sponsoring employer*

Amount €

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Cheque/
PO Number

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(Please cross your payment and make payable to 'The Insurance Institute')

Credit / Debit Card Laser Mastercard Visa Amex

Number

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Name

Expiry Date

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CVV (Last 3 digits on reverse of card)

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Sponsoring Employer

Contact Details

PO Number (if applicable).

*Sponsorship will be verified by The Insurance Institute before your application is processed.