

MEMBERSHIP APPLICATION FORM

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



The Insurance Institute

Personal Details

Salutation Mr/ Ms/ Mrs/

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

Local Institute

As a member of The Insurance Institute you will automatically become a member of a Local Institute. This gives you access to certain member services at a regional level (e.g. CPD, exam sittings, events). Please choose the Local Institute most suitable to you.

Please choose your Local Institute*

Cork Dublin Galway Limerick Sligo

*If you leave this section blank you will be allocated a Local Institute on the basis of your employer address. You can change this preference at any time by accessing your record online or by contacting the Institute.

Related Professional / Awarding Body Details

Other Membership/Student Numbers:

CII																				
LIA																				
IOB																				
IT Sligo																				

Non Insurance Institute Qualifications

Award

Year of Award

Award Details

Awarding Body

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: Home Work
 Please note materials will be delivered 9 to 5 Monday to Friday

Student Details*

*The following information is required by our awarding body, IT Sligo

Country of Birth

Nationality

PPS Number

Payment Details

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

Amount € (from the date of application up to December 31)

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)

Tick category you are applying for Student Member Standard Member

*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

ENTRY REQUIREMENTS



Access to Insurance Institute APA/CIP Programmes

As you may be joining the Institute in order to participate in our APA and/or CIP programmes, there are specific entry requirements which must be satisfied before you can be admitted onto the programme. Please provide the following information in order for us to assess your eligibility.

1. Are you aged 23 or above on the 1st January in the year of applying for membership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, go to Note on English Proficiency
2. For applicants under 23 on 1st January in the year of applying for membership, please select from the following list, your highest educational qualification (as on the NFQ Ireland framework):			
• Level 10 / Doctorate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, go to Note on English Proficiency
• Level 9 / Masters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Level 8 / Hons Degree	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Level 7 / Degree	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Level 6 / Higher Certificate or Advanced Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Level 5 / (Leaving Certificate with a pass in English and Maths)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
External Qualifications If your highest qualification was obtained outside Ireland, please refer to the QQI website to identify the Irish equivalent of the qualification you hold.			
3. Have you worked in the Insurance Industry for a minimum of 6 months and can this be certified under the Central Bank Minimum Competency Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, go to Note on English Proficiency

Note: English Proficiency

Please note that all lectures, tutorials, and practical work are delivered through English and examinations are in English.

It is vitally important that learners who are not native English speakers hold the required standard to ensure they gain maximum value from their studies.

A level 5 qualification in English is strongly recommended which will allow you to understand, communicate, read, listen and write in English.

**Go to
Declaration**

Important Notice

If you have **NOT** been able to answer Yes to any of the three questions above, you may still be eligible to be admitted.
Please contact Member Services: memberservices@iii.ie - 01 645 6670 - to discuss

YOU MUST COMPLETE THIS DECLARATION AND SEND IT TO THE INSTITUTE BEFORE MAKING CONTACT REGARDING ELIGIBILITY or ENTRY REQUIREMENTS.

DECLARATION

I confirm that the entry requirements information I have provided above are true, complete and accurate and I am aware that I may be required to provide supporting evidence on request.

Signed: _____

Date: _____

Note: As you have already completed a membership application form, please refer to our Data Protection & Privacy Policy at www.iii.ie/about/data-protection-and-privacy-policy and our Membership Terms & Conditions.

Terms and Conditions

Please read though these Terms & Conditions before signing the declarations

Once admitted as a member of The Insurance Institute ("the Institute"), I agree to abide by its Terms & Conditions, Code of Ethics & Conduct (www.iii.ie/about/code-of-ethics), Rules and Regulations, Memorandum & Articles of Association and the Constitution of the relevant Local Institute of my choice or as allocated.

Local Institutes

By registering for membership of the Institute you are also registering to become a member of a Local Institute (Cork, Dublin, Galway, Limerick or Sligo), as indicated by your choice of Local Institute on the membership form or as allocated to you on the basis of your business address.

You can change this preference by accessing your record online or by contacting the Institute. You understand the importance of this preference as it is used to ensure that you receive appropriate details of services, which are available at Local Institute level.

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
- Ensure that I 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 Institute, it may provide information on my CPD activity to its Professional Standards Committee (PSC) who oversee the administration of the CPD Scheme and ensure the upholding of professional standards and ethics throughout the industry.

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.

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.

Employer Sponsorship

I hereby agree that where my employer is sponsoring my membership, the Institute may share the following information with them: confirmation of membership registration, designation status and CPD hours (if applicable).

We do this to facilitate regulated firms to comply with their obligations under the Central Bank's Minimum Competency Code 2017 ("MCC").

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 the purposes of pro rata CPD).

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.

Declaration

I wish to apply for membership of the Institute. I hereby confirm that I have read, understood and accept all of the Terms & Conditions set out on this form (and at www.iii.ie/about/membership-terms-and-conditions).

Name (please print)

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Signed

Date

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Membership Fees 2019

Member Category	Period of Enrolment*			
	Qtr 1:	Qtr 2:	Qtr 3:	Qtr 4:
Student Member	€115.00	€ 86.25	€ 57.50	€ 28.75
Standard Member	€210.00	€157.50	€105.00	€ 52.50

*Period of Enrolment refers to when an individual first joins The Insurance Institute as a member.

Membership Fees shown in this table are payable from the date of application and are in respect of membership up to December 31.

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

- Code of Ethics & Conduct
- Membership Terms & Conditions
- Data Protection & Privacy Policy
- Member Handbook (available in the Member Area)