

# 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\*

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

Country of Birth

Nationality

PPS Number

If you were previously a student at IT Sligo, please state your IT Sligo Student ID:  
IT Sligo Student ID

### Exam Centres

Centres	Exam Semesters		
	Jan	May	Sep
Cavan	✓	✓	✓
Cork	✓	✓	✓
Derry/Londonderry	✓	✓	✓
Dublin	✓	✓	✓
Galway	✓	✓	✓
Limerick	✓	✓	✓
Mullingar	✓	✓	✓
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 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 <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

