

APPLICATION FORM:

APA (Commercial General, Personal General, Private Medical Insurance) for QFA Holders



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

Personal Details											
Salutation Mr/ Ms/ Mrs/ Other (please state)											
First Name											
Surname											
Maiden Name											
Date of Birth				/			/				
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female									
Home Address											
Telephone											
Mobile				/							
Email Address 1*											
Email Address 2*											

* Please note 2 unique email addresses are required.

Related Professional Body Details											
Membership & Certificate Numbers											
IOB Membership No.											
LIA Membership No.											

Insurance Institute Exam Centres				
Exam 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.

Employment Details											
Employer											
Job Title											
Area of Work											
<input type="checkbox"/> Administration/Processing				<input type="checkbox"/> Finance				<input type="checkbox"/> Loss Assessing			
<input type="checkbox"/> Broking				<input type="checkbox"/> HR/Training				<input type="checkbox"/> Risk Management/Surveying			
<input type="checkbox"/> Claims				<input type="checkbox"/> IT/Data				<input type="checkbox"/> Sales/Marketing			
<input type="checkbox"/> Compliance				<input type="checkbox"/> Loss Adjusting				<input type="checkbox"/> Underwriting			
Work Address											
Work Telephone											
Address where you wish to receive exam related materials: <input type="checkbox"/> Home <input type="checkbox"/> Work											
Please note materials will be delivered 9 to 5 Monday to Friday and must be signed for.											

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 Details															
Semester (You wish to sit exams in) Year												Month			
Exam Centre															
Insurance Module		Personal General			Commercial General			Private Medical							
		CIP-03 <input type="checkbox"/>			CIP-04 <input type="checkbox"/>			CIP-05 <input type="checkbox"/>							
Exam & Textbook		Repeat Exam			Re-Registration			Late Application							
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>							

Additional Assistance											
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.											

ENTRY REQUIREMENTS FORM



Entry Requirements for 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 Insurance Institute exams?	<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 Insurance Institute exams, please select from the following list, your highest educational qualification (as on the NFAQ 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/Financial Services Sector 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
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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: Please refer to our Data Protection & Privacy Policy at www.iii.ie/about/data-protection-and-privacy-policy and our Membership Terms & Conditions.

