

# APPLICATION FORM: MDI - Diploma Modules ONLY

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



The Insurance Institute

MEMBERSHIP ID  
(If known)

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For Semester commencing  
1 July 2019 ONLY

## Personal Details

Salutation Mr/ Ms/ Mrs/

First Name

Surname

Maiden Name

Date of Birth

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Gender

Male  Female

Home Address

Telephone

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Mobile

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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

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

Please note materials will be delivered 9 to 5 Monday to Friday and require a signature.

## Qualification Details

### QUALIFICATION: MDI

Semester (You wish to sit exams in) Year

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Month

## Exam Details

For Modules: MDI-01, 02, 04, 05, 06, 10 ONLY

Exam Centre					
Module Code					
Exam & Textbook	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Re-Registration	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Paper Surcharge <sup>1</sup>	<input type="checkbox"/>	<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.

## Exam Centres

Centres	Exam Semesters	
	May	Nov
Cavan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cork	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dublin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Galway	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wexford	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please choose the exam centre of convenience to you.

Should an exam centre not be open due to lack of demand, please state your alternate centre preferences which are also subject to demand:

### Alternate Centre Preferences

1	
2	

**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.

## 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.

## 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](http://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. IT Sligo, our current Awarding Body), other professional/regulatory bodies (e.g. CII, if you are a dual member), 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](http://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](http://www.iii.ie/about/membership-terms-and-conditions)), the Exam Regulations and Prospectus.

Name (please print)

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Signed

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Date

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## Course Fees 2019 (per Module)

Note that our MDI assessment methods are changing across 2019 and 2020. Please refer to our Prospectus for more details: [www.iii.ie/prospectus](http://www.iii.ie/prospectus)

Course Modules	Per Written Module
Exam Entry & Textbook	€575
Repeat Exam <sup>1</sup>	€425
Exam Re-Registration <sup>2</sup>	€90
Late Application <sup>3</sup>	€50

<sup>1</sup> Repeat Exam – available only for the three exam sittings immediately following the original exam sitting.

<sup>2</sup> 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.

<sup>3</sup> 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 €550	Repeat Exam €400
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## 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 III')

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

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PO Number (if applicable)

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