



*The*  
Insurance  
Institute

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*THE INSURANCE INSTITUTE  
APPLICATION FOR*

# **PRO RATA ADJUSTMENT OF CPD HOURS**

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Scan this form and return via either **Email:** [memberservices@iii.ie](mailto:memberservices@iii.ie) or  
**Post:** The Insurance Institute of Ireland, 5 Harbourmaster Place, IFSC, Dublin 1

*keeping your knowledge current*

Please use BLOCK letters and place an X in relevant boxes.

## PERSONAL DETAILS

Name:	Membership No:
Company/Employer:	
Email:	Phone:

## REASON FOR APPLICATION

Maternity:	Illness:	Other (please specify):
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### 1. Maternity Leave (maximum 26 weeks statutory leave and 16 weeks unpaid leave)

From:	To:
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### 2. Illness (two months or more)

Details of illness:

From:	To:
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Doctors report attached (required for illness):	Yes:	No:
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If no, please give reason:

### 3. Other Leave incl. Adoptive Leave/Carer's Leave/Parental Leave

From:	To:
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In the case of Parental Leave (Maximum statutory 14 weeks per child in a 12 month period): How many children 8 years of age or younger:

Letter/communication from employer attached (required for all):	Yes:	No:
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If no, please give reason:

## DECLARATION

I understand that the information provided by me on this form 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). I confirm that the information provided by me on this form is accurate. I agree that the information I am providing on this form and in any related supporting documentation may be used by the Institute for the purposes of considering my request for Pro Rata adjustment of CPD hours. I understand that any sensitive or special category information (e.g. health information) will be treated confidentially, restricted to those who need to process it and kept only for as long as is necessary. I hereby confirm that I have read, understood and agree to the terms and conditions set out in this form and in the CPD Guidelines and Rules which are available in the Member Area of the website.

Name:	Signature:
Date:	

## SIGNATURES

Member:	Date:
Manager:	Date:
Print name (Line Manager):	Title: