

PROFESSIONAL CERTIFICATE IN GENERAL INSURANCE FOR QFAs APPLICATION FORM



(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 & Staff Details

Membership & Certificate Numbers										
IOB Membership No.										
LIA Membership No.										
QFA Certificate No.	Q	F	A							
Staff No.										

Insurance Institute Exam Centres

Centres		Exam Semesters		
Centre	Code	Jan	May	Sep
Cavan	330	✓	✓	✓
Cork	302	✓	✓	✓
Dublin	301	✓	✓	✓
Galway	304	✓	✓	✓
Limerick	303	✓	✓	✓
Sligo	306	✓	✓	✓
Wexford	310	✓	✓	✓

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										

Insurance Institute Student / UCD Student Details

Mother's Maiden Name										
Place of Birth (County; Country if outside Ireland)										
If you are a past UCD student please also complete this section										
UCD Student Number										
UCD Student Start Date		/		/						
UCD Student End Date		/		/						

Qualification Details

Qualification: Professional Certificate in General Insurance for QFAs										
Semester (You wish to sit exams in)		Year					Month			
Special Case Candidates: Candidates who have a physical or sensory disability or a specific learning problem (e.g. dyslexia) and who wish to avail of support please indicate here and include copies of supporting documentation with your application										

Exam Details

Centre Code										
Module Code		PDI-03 Personal General Insurance								
Exam & Textbook	Repeat Exam	Re-Registration	Late Application							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Data Protection - General Statement

The Insurance Institute respects the right to privacy of members, practitioners, students and visitors. Its activities are compliant with the Data Protection Acts 1988 and 2003. This statement sets out the ways in which personal and sensitive personal data are collected, accessed, used and disclosed.

To provide the CPD Scheme and examinations in fulfilment of its role under the MCC, The Insurance Institute collects and uses information:

- to facilitate the recording of CPD and examination records for our members
- to facilitate and supervise the accreditation process for CPD
- to facilitate the administration and maintenance of Insurance Institute awarded designations
- to monitor and supervise CPD and examination records
- to perform accounting and other record-keeping functions particularly in relation to membership and fees.
- to enhance or improve your experience on our website
- to keep your information secure
- to provide you with online services

The information held in The Insurance Institute database is disclosed in the following ways:

- The names of all graduates and grandfathered individuals availing of the iiiCPD Compliance scheme are published on our Register of Compliant Persons. We disclose to regulated firms the details of qualifications obtained and CPD hours completed by their employees, together with such other information as may be necessary to enable the regulated firm to maintain a Register of Accredited Persons, as required by the MCC.
- In accordance with reasonable interest entitlements, we disclose to regulated firms the details of use of online examination supports, registration and attendance at lectures and examination results for their employees, together with such other information as may be necessary to enable the regulated firm to meet MCC requirements. If requested by the Central Bank of Ireland, we disclose such information as it may require in order to discharge its functions under the MCC.
- If your employer funds your Institute membership and / or examination fees, it is automatically entitled to request details of your use of online exam supports, registration and attendance at tuition lectures, examination results and CPD record and we reserve the right to disclose this information.
- We do not disclose to employers or to any third parties any information regarding any physical or mental health issues that are notified to us.
- Members, students and employees are entitled to ask for a copy of all personal data held by The Insurance Institute, and to have it rectified or erased, if it is inaccurate. This does not apply to inaccuracies in such personal data provided by you which can be accessed and amended by you in the secure Member area.

You may do so by writing to:

The Secretary
The Insurance Institute of Ireland
Insurance Centre
5 Harbormaster Place, IFSC
Dublin 1, D01 E7E8

The following documents are available for download at www.iii.ie

- Code of Ethics & Conduct
- Customer Service Statement
- Terms Governing Website
- Membership Terms & Conditions

The following documents are available for download at www.iii.ie/exams/useful-documents

- Examination Regulations
- Exemption Policies

Disclosure

Declaration: I wish to register for the exam(s) (at the centre) on the previous page. I have read and understood the terms and conditions for registration with The Insurance Institute (as set out in the Prospectus and in the exam regulations) and I agree to be bound by these terms and conditions. I consent to The Insurance Institute collecting, using and disclosing my personal data to third parties, including but not limited to its agents, affiliates, other educational bodies, assignees, my employer (past, present and/or future), on its website, in order to comply with its legal, regulatory and compliance obligations.

I hereby authorise The Insurance Institute to transfer data contained in my Professional Certificate in General Insurance for QFAs academic record to my professional educational body.

If your employer is paying for your Institute examinations and/or membership fees, they are automatically entitled to see your results and/or details of your CPD activity.

Name (please print)

By signing below, you are stating that you have read and agree to abide by the Examination Regulations.

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Signed

Date

								/															
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Course Fees 2017

Course Modules	Per Written Module
Exam Entry & Textbook	€295
Repeat Exam ¹	€145
Exam Re-Registration ²	€90
Late Application ³	€25
Recheck	€35
Review	€65

¹ Repeat Exam - available only for the two exam sittings immediately following the original exam sitting.

² Re-Registration - due to absence from exam due to extenuating circumstances supported by independent evidence and submitted to The Insurance Institute within 10 days of the original exam date - please see Prospectus 2016 for full details.

³ Late Application fee is IN ADDITION to the relevant fee shown above.

Payment Details

Payment Method Cash/Cheque/PO Credit/Debit Card Sponsored*

Amount €

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Cheque/
PO Number

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 (Please cross your payment and make payable to 'The Insurance Institute')

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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Employer (Sponsor) _____

Contact Details _____

PO Number _____

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

FOR OFFICE USE ONLY

Institute Reference Number							
QFA Certificate Verified	<input type="checkbox"/>						
Insurance Institute Note Closed	<input type="checkbox"/>						
Education Note Opened	<input type="checkbox"/>						
Education Note Closed	<input type="checkbox"/>						

This programme is run in partnership with IoB and LIA.

