

## Professional Certificate in Conduct Risk, Culture and Operational Risk Management (New applicants to this programme only)

### MEMBERSHIP

In order to register to an Institute programme you must be a current member of the Institute. The membership fee of €40 is applicable upon joining and falls due on 01 January each year.

To become a new member or renew membership go to [www.iob.ie/shopping](http://www.iob.ie/shopping)

If you were a member in the past and your membership has lapsed, you do not need to join again. Please contact [membership@iob.ie](mailto:membership@iob.ie) or call us on 01 6116500 and we will **re-activate** your membership.

If your employer is supporting your membership fee(s) by company invoice (please check with your HR/Training department), do not attach fees to this form.

### PERSONAL DETAILS

ALL FIELDS ARE MANDATORY

Membership number (insert if applicable)	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>
First name	<input style="width: 100%;" type="text"/>
Date of birth (dd/mm/yyyy)	<input style="width: 30%; text-align: center; font-size: 0.8em;" type="text" value="DD"/> / <input style="width: 10%; text-align: center; font-size: 0.8em;" type="text" value="MM"/> / <input style="width: 35%; text-align: center; font-size: 0.8em;" type="text" value="YYYY"/>
Mother's maiden name	<input style="width: 100%;" type="text"/>
County of birth e.g. Dublin	<input style="width: 80%;" type="text"/> Postcode <input style="width: 20%;" type="text"/>
If born outside Ireland, country of birth	<input style="width: 100%;" type="text"/>
Is English your first language？**	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile phone number*	<input style="width: 100%;" type="text"/>
Email address*	<input style="width: 100%;" type="text"/>

\* We will send you alerts when new correspondence is posted online to My Institute

\*\* Information on minimum language requirement is available at: [www.iob.ie/?q=examdetails](http://www.iob.ie/?q=examdetails). If no is selected above, original supporting documentation must be provided for entry onto the programme and must be sent to The Institute of Banking, 1 North Wall Quay, Dublin 1.

### WORK DETAILS

Employer name	<input style="width: 100%;" type="text"/>
Department	<input style="width: 100%;" type="text"/>
Staff number	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
County	<input style="width: 80%;" type="text"/> Postcode <input style="width: 20%;" type="text"/>
Work phone number	<input style="width: 100%;" type="text"/>

Personal details including your work/home address for existing members can be changed online within My Institute (the IoB student portal).

### HOME DETAILS

Address	<input style="width: 100%;" type="text"/>
County	<input style="width: 80%;" type="text"/> Postcode <input style="width: 20%;" type="text"/>

Note: All postal correspondence is sent to your work address unless requested otherwise. The Institute of Banking does not accept responsibility for correspondence sent to home addresses

Please tick here if you would prefer your postal correspondence to be sent to your home address.

**ENTRY REQUIREMENTS**

**COMPLETE SECTION **A** OR **B****

**SECTION **A****

**Holders of 30 ECTS at level 7 e.g. the Professional Diploma in Financial Advice**

The Institute of Banking

Programme name:

**DECLARATION OF WORK EXPERIENCE**

I confirm that I have 3 years experience in a relevant banking role. (See [www.iob.ie](http://www.iob.ie) or the prospectus for admission criteria.)

Applicant's signature  Date   /   /

Line manager name

Line manager signature  Date   /   /

**or SECTION **B****

**Admission based on external qualifications e.g. an Honours Degree (min Hons. 2.2 Level 8 NFQ) etc. (See [www.iob.ie](http://www.iob.ie) or the prospectus for admission criteria.)**

Complete the third level education table below.

Original transcripts must be provided for entry to the programme. Please forward original transcript to The Institute of Banking, 1 North Wall Quay, Dublin 1.

If you are waiting on a original transcript from another college, you should forward a copy to hold your place on the programme.

If you wish to have your original transcript returned, please send in a self addressed envelope with your original transcript.

**THIRD LEVEL EDUCATION**

Names of institutions attended	Years of study		Programmes/Qualifications passed	NFQ level
	From:	To:		

# Professional Certificate in Conduct Risk, Culture and Operational Risk Management (New applicants to this programme only)

2017/2018

LEVEL 8

## MODULES

Module	Exam Date and Start Time	Exam duration	Fee
Banking Risk Management Framework Culture and Conduct Risk	20 Jan 2018 - 12.00pm	2 hours	<input type="checkbox"/> €495
	26 May 2018 - 3.00pm	2 hours	<input type="checkbox"/> €495
	08 Sept 2018 - 12.00pm	2 hours	<input type="checkbox"/> €495
Operational Risk Management Practices	06 Jan 2018 - 3.00pm	2 hours	<input type="checkbox"/> €550
	12 May 2018 - 12.00pm	2 hours	<input type="checkbox"/> €550

## RECOGNISED PRIOR LEARNING

Credits for recognised prior learning may be available. Go to [www.iob.ie/rpl](http://www.iob.ie/rpl).  
Note: you can only apply for recognised prior learning on initial admission to a programme

## LECTURE VENUES

Venues are available subject to demand

Dublin

## EXAM VENUES

Venues are available subject to demand

Athlone  Belfast  Cork  Dublin  Galway  Letterkenny  Limerick  Waterford

## CLOSING DATES

Key date	Semester 1	Semester 2	Summer Term
Level 8 application closing date (for new applicants to the programme)	15 Sept 2017	11 May 2018	12 Jan 2018



PLEASE TURN OVER THE PAGE TO REVIEW AND COMPLETE THE DATA PROTECTION, DECLARATION AND PAYMENT SECTION.

## DATA PROTECTION NOTICE

The information provided by you on this application/registration form and generated as a result of your participation in programme(s) may be used and disclosed by the Institute of Banking for all purposes which are reasonably incidental to your eligibility/participation in the programme(s). These will include the Institute of Banking providing such information to PRMIA. PRMIA will use such information for administering its dealings with you, which may include admitting you to membership of PRMIA, awarding you accreditations and/or providing you with information and offers regarding other services that it offers. For details regarding the purposes for which PRMIA will use your information see [www.prmia.org/privacy-policy](http://www.prmia.org/privacy-policy).

If you are taking part in programmes in the context of your employment, those purposes may include the disclosure of examination results to your employer and such other information as may be necessary to enable your employer to maintain a register of accredited individuals and for other regulatory or compliance purposes. If applicable your information may also be disclosed to the Central Bank of Ireland for Minimum Competency Code and Fitness and Probity requirements. Where you are taking part in the programme(s) in a private capacity (i.e. outside the course of your employment) you may indicate that your information should not be disclosed to your employer by ticking the box below.

I confirm that I am participating in this programme outside the course of my employment.

However, if your employer subsequently seeks such information in relation to you and submits evidence to us that you took part within the course of your employment, we reserve the right to disclose your information to your employer.

The Institute of Banking may also provide you with information in relation to other services which they offer. If you do not wish to receive information or offers in relation to such other services please tick this box.

You are entitled to ask for a copy of the personal data which The Institute of Banking holds about you and to have any inaccuracies in such personal data amended or erased. You may do so by writing to: The Registrar, The Institute of Banking, IFSC, 1 North Wall Quay, Dublin 1.

## DECLARATION

I wish to register for the programme(s) selected above. By submitting this Institute of Banking form I am declaring that the information provided is accurate and I acknowledge that I have read in full, understood and agree to be bound by the terms and conditions set out and referred to online at [www.iob.ie/terms](http://www.iob.ie/terms). I further confirm that I have read and understood the contents of the data protection notice and consent to the uses and disclosures of my personal data as set out therein including its disclosure to and use by PRMIA.

I also confirm that upon registration for this programme, I will become a Contributor Member of PRMIA for 12 months from the date of confirmation of membership from PRMIA and will thereby commit to adhere to PRMIA Standards of Best Practice, Conduct and Ethics. I understand that if I successfully complete the programme, I will be awarded the PRMIA Operational Risk Manager (ORM) Certificate. I acknowledge that, as described above, the Institute of Banking will have no responsibility or liability whatsoever in respect of any relationship between me and PRMIA.

Signature  Date  /  /

COMPLETED FORMS CAN BE POSTED TO: THE INSTITUTE OF BANKING, IFSC, 1 NORTH WALL QUAY, DUBLIN 1.



## PAYMENT ADVICE

### Cheque/Draft

- Ensure you print your name and membership number (if applicable) clearly (in block capitals) on the back of the cheque or draft
- Post-dated cheques/drafts are not accepted
- Make cheques/drafts payable to The Institute of Banking

### Credit card/Debit card

Please debit my card for the following amount

Tick only one card

Card Number

Security Code\*

Expiry Date

Name on Card

€

Visa  Mastercard

\*The last three digits on the back of your credit card.  
This code is mandatory for Visa/Mastercard

/

Signature of Cardholder  Date  /  /

NOTE: CARD INFORMATION WILL BE DESTROYED AFTER YOUR REGISTRATION HAS BEEN PROCESSED.