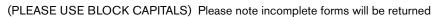
APPLICATION FORM: For IoB Members ONLY

General Insurance APA for Life / Financial Services APA Holders





Salutation Mr/	Ms/ M	rs/ C	Other (please	e state	e)				
First Name										
Surname										
Maiden Name										
Date of Birth				/			/			
Gender [Male		Female	Э						
Home Address:	(Note the provide								US1	
Eircode										
Eircode										
Eircode	provide			addre						
Eircode Telephone Mobile	provide			addre						

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

Insurance Institute Exam Centres

Centres & Centre Codes		Exam Semesters				
Centre	Code	Jan	May	Sep		
		√	√	√		
			/	✓		
Fallensia who Could bealth		✓	✓	✓		
	Following the Covid health crisis and until further notice,		/	✓		
all Institute examir		✓	/	✓		
delivered online a physical examination		✓	/	✓		
priyorour oxummum		✓	/	✓		
		1	/	1		
		/	/	/		

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 Administration/Processing Finance Loss Assessing Broking HR/Training Risk Management/Surveying Claims IT/Data Sales/Marketing Compliance Loss Adjusting Underwriting
Work Address
Eircode
Work Telephone
Address where you wish to receive Home Work exam related materials: Please note if you select home address, materials will be delivered 9am to 5pm Monday to Friday and will require a signature.
Exam Details
Semester (You wish to sit exams in) Year Month

Additional Assistance

The Nature

of Insurance

Exam &

Textbook

Exam Centre

Insurance Module

Service

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.

Personal

CIP-03

Exam Re-Registration¹

Commercial

CIP-04

Private Medical

CIP-05

Late Application

If you have any queries, please contact Member Services: memberservices@iii.ie - 01 645 6670

ENTRY REQUIREMENTS FORM



Entry Requirements for Access to Insurance Institute APA/0	CIP Programmes			
As you may be joining the Institute in order to participate in our APA and/or CIP specific entry requirements which must be satisfied before you can be admitted Please provide the following information in order for us to assess your eligibility.	onto the programme.			
Are you aged 23 or above on the 1st January in the year of applying for Insurance Institute exams?	☐ Yes	☐ No	If yes, go to Note on English Proficiency	
2. For applicants under 23 on 1st January in the year of applying for Insurance In your highest educational qualification (as on the NFQ Ireland framework):	stitute exams, please sele	ct from the following list,		
Level 10 / Doctorate	☐ Yes	☐ No		
Level 9 / Masters	☐ Yes	☐ No	If yes, go to Note on English Proficiency	
Level 8 / Hons Degree	Yes	☐ No		
Level 7 / Degree	☐ Yes	☐ No		
Level 6 / Higher Certificate or Advanced Certificate	☐ Yes	☐ No		
 Level 5 / (Leaving Certificate with a pass in English and Maths) Applicants aged under 18 must contact the Institute to confirm eligibility first. 	☐ Yes	☐ No		
If your highest qualification was obtained o QQI website to identify the Irish equivale 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	utside Ireland, please re			
Bank Minimum Competency Code?			If yes, go to Note on English Proficiency	
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.			Go to Declaration	
A level 5 qualification in English is strongly recommended which will allow you to understand, communicate, read, listen and write in English.				
Important No If you have NOT been able to answer Yes to you may still be eligible to Please contact Member Services: memberserv	o any of the three questic to be admitted.			
YOU MUST COMPLETE THIS DECLARATION AND SEND IT REGARDING ELIGIBILITY or EN			ACT	
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:			
Note: Please refer to our Data Protection & Privacy Policy at www.iii.ie/Data-Protection	on-And-Privacy-Policy			

Terms and Conditions

Third Parties

The Institute may share my information with its educational partners (e.g. ATU Sligo, as the Awarding Body) and other relevant third parties e.g. examiners, invigilators, lecturers or as required in order to comply with legal, regulatory, statutory or compliance obligations.

If requested by the Central Bank, the Institute may disclose information to assist it for the purposes of discharging its functions under the Minimum Competency Code. We also share your address/contact information with our textbook fulfillment service provider(s).

Employer Sponsorship

Course Fees 2025

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) except if awarded a Certificate of Excellence for a result of 80% or above.

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).

Declaration by Institute of Banking Members

I understand that, as a holder of a life/financial services APA designation via the LIA/IOB, if I successfully complete the relevant module(s) with the Insurance Institute, I will be entitled to a General Insurance APA designation which I will be required to maintain with my own professional body.

The following documents are available to view at www.

- Examination Regulations
- Exemption Policies
- Prospectus
- Data Protection & Privacy Policy

Data Protection and Privacy

- 1. The Insurance Institute respects the right to privacy of its members.
- 2. The Insurance Institute processes personal data in accordance with Data Protection legislation and the Institute's Data Protection & Privacy Policy [available at www.iii.ie/Data-Protection-And-Privacy-Policy]
- 3. When examinations are provided in the online environment, the Institute appoints a third party contractor to invigilate the examinations and to collate the results of multiple choice examination questions. For the purpose of invigilation, it is necessary for the Institute to provide certain personal data to the third party contractor. It is also necessary for the contractor to collect additional personal data from the candidate. If this application concerns an examination to be taken remotely, it is mandatory that you read the Addendum to the Privacy Policy applicable to online examinations

[available at - www.iii.ie/Portals/0/Documents/Membership%20Information/data-protection-and-policy-addendum.pdf].

Please confirm that you have read this and give your consent to the collection and processing of this data in accordance with the terms of the Addendum, by ticking the box below:

For the purpose of taking my examination in the online environment, I confirm that I have read the Addendum to the Data Protection and Privacy Policy of the Institute applicable to online examinations and I hereby consent to the processing of my personal data in accordance with the terms of that Addendum

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, the Exam Regulations and Prospectus. Name (please print) Signed Date

Course Modules Per Written Module Exam Entry & Textbook €360 Exam Re-Registration¹ €180 Extenuating Circumstances² €95 Late Application³ €50 Recheck €40 Review €70

- ¹ Exam Re-Registration available only for the two exam semesters immediately following the original exam registration.
- ² Extenuating Circumstances 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 for full details.
- ³ Late Application fee is IN ADDITION to the relevant fee shown above.

All Institute fees are non-transferable and non-refundable. Whilst a service registered for may be cancelled (e.g., a membership or exam application), the fee cannot be refunded or transferred once the application has been processed.

Payment [☐ Cash/Cheque/PO ☐ Credit/Debit Card
Method	
Amount €	
Cheque/ PO Numbe	(Please cross your payment and make payable to 'The Insurance Institute')
Credit / De	bit Card 🔲 Laser 🔲 Mastercard 🔲 Visa 🔲 Amex
Number	And A I I I I I I I
Name	(74
Expiry Date	CVV (Last 3 digits on reverse of card)
Employer (Sponsor)
Contact De	NSTITUTE
Signaure of	authorised signatory