APPLICATION FORM: For LIA Members ONLY

APA (Commercial General, Personal General, Private Medical Insurance) for QFA Holders

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

| Personal Details | Employment Details |
|---|--|
| Salutation Mr/ Ms/ Mrs/ Other (please state) | Employer |
| First Name | Job Title |
| Surname | Area of Work |
| Maiden Name | Broking HR/Training Risk Management/Surveying Claims IT/Data Sales/Marketing |
| Date of Birth / / | Compliance Loss Adjusting Underwriting Work Address |
| Gender 🔲 Male 🛄 Female | |
| Home Address: (Note that due to HEA statutory requirements, you MUST provide your home address & Eircode details here) | Eircode Work Telephone Address where you wish to receive Home |
| Eircode | exam related materials: Please note if you select home address, materials will be delivered 9am to 5pm |
| Telephone | Monday to Friday and will require a signature. |
| Mobile / / | Exam Details |
| Email Address 1* | Semester (You wish to sit exams in) Year Month |
| Email Address 2* | Exam Centre |
| * Please note 2 unique email addresses are required. | Insurance Module Personal General Commercial General Private Medical |
| Related Professional Body Details | CIP-03 CIP-04 CIP-05 Exam & Textbook Exam Late Application |
| - | Re-Registration |
| Membership & Certificate Numbers | |

Additional Assistance

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.

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

Insurance Institute Exam Centres

LIA Membership No.

| Centres & Centre Codes | | Exam Semesters | | | |
|---|------|----------------|-----------------------|-----------------------|--|
| Centre | Code | Jan | Мау | Sep | |
| Following the Covid health | | 1 | ✓ | 1 | |
| | | 1 | ✓ | 1 | |
| | | \checkmark | | \ | |
| risis and until fu | | \checkmark | \checkmark | ✓ | |
| all Institute exam | | 1 | ✓ | 1 | |
| delivered online and not in physical examination centres. | | 1 | ✓ | 1 | |
| | Γ | 1 | 1 | 1 | |
| | Γ | 1 | ✓ | 1 | |
| | | 1 | 1 | <i>\</i> | |

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.



ENTRY REQUIREMENTS FORM



| Ent | ry 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 programmes, there are specific entry requirements which must be satisfied before you can be admitted onto the programme. Please provide the following information in order for us to assess your eligibility. | | | | | | |
| 1. | Are you aged 23 or above on the 1st January in the year of applying for Insurance Institute exams? | L Yes | No 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 se | elect from the following list, | | | |
| | Level 10 / Doctorate | 🔲 Yes | □ No | | | |
| | Level 9 / Masters | 🗋 Yes | No No | | | |
| | Level 8 / Hons Degree | 🗋 Yes | No No | If yes, go to Note on | | |
| | Level 7 / Degree | Yes | No No | English Proficiency | | |
| | 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. | L Yes | D No | | | |
| External Qualifications If your highest qualification was obtained outside Ireland, please refer to the QQI website to identify the Irish equivalent of the qualification you hold. | | | | | | |
| 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 Bank Minimum Competency Code? | L Yes | D No | If yes, go to Note on English Proficiency | | |
| Note | e: English Proficiency | | | | | |
| | e note that all lectures, tutorials, and practical work are delivered gh English and examinations are in English. | | | | | |
| hold | 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 Notice If you have NOT been able to answer Yes to any of the three questions above, you may still be eligible to be admitted. Please contact Member Services: memberservices@iii.ie - 01 645 6670 - to discuss | | | | | | |
| YOU MUST COMPLETE THIS DECLARATION AND SEND IT TO THE INSTITUTE BEFORE MAKING CONTACT REGARDING ELIGIBILITY or ENTRY REQUIREMENTS. | | | | | | |
| DECLARATION Signed: I confirm that the entry requirements information Signed: I have provided above are true, complete and accurate and I am aware that I may be required to provide supporting evidence on request. Date: | | | | | | |
| Note | Note: Please refer to our Data Protection & Privacy Policy at www.iji.ie/Data-Protection-And-Privacy-Policy | | | | | |

Note: Please refer to our Data Protection & Privacy Policy at <u>www.iii.ie/Data-Protection-And-Privacy-Policy</u> and our Membership Terms & Conditions.

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

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"):

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]

Members

body.

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

confirmation of exam registration;
attendance/non-attendance/deferral of exam;

exam results (pass or fail only) - except if awarded a

Please note that we do not disclose to employers any

information regarding physical or mental health issues

I understand that, as a holder of the QFA designation, if

I successfully complete the relevant module(s) with the

which are notified to us (e.g. for deferral of exams).

Declaration by Life Insurance Association

Insurance Institute, I will be entitled to a General Insurance APA designation which will be awarded by

and which I will maintain with, my own professional

Certificate of Excellence for a result of 80% or above.

[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

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

Payment Details

Course Fees 2025

| Course Modules | Per Written Module | | Payment Cash/Cheque/PO Credit/Debit Card | |
|--|---|-----|--|--|
| Exam Entry & Textbook | €360 | | Amount € | |
| Exam Re-Registration ¹ | €180 | | Cheque/ (Please cross your payment | |
| Extenuating Circumstances ² | €95 | 4 | PO Number and make payable to 'The Insurance Institute') | |
| Late Application ³ | €50 | | Credit / Debit Card Laser Mastercard Visa Amex | |
| Recheck | €40 | ÷ | Number | |
| Review | €70 | | | |
| ¹ Exam Re-Registration - available only for the two exam semesters immediately following the original exam registration. | | | Name Expiry Date CVV (Last 3 digits on | |
| ² Extenuating Circumstances - due to absence from exam due to extenuating circumstances supported by independent evidence and submitted to The | | | Expiry Date CVV (Last 3 digits on reverse of card) | |
| Insurance Institute within 10 d Prospectus for full details. | lays of the original exam date - please see | | Employer (Sponsor) | |
| ³ Late Application fee is IN ADI | DITION to the relevant fee shown above. | | Contact Details | |
| 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 | | | INSTITUTE | |
| | nsferred once the application has been processed. | | | |
| | | 885 | | |
| | | | Signaure of authorised signatory | |
| | | | | |

For Life Insurance Association Members

I am a member and designate of LIA. Upon successful completion of the relevant module(s) with the Insurance Institute, I will provide my Insurance Institute exam result transcript to LIA and request the relevant APA designation(s) direct from LIA. The Insurance Institute will not share my exam result data with LIA.

Please tick

The following documents are available to view at www.iii.ie

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