



# Individual Prior Learning Accreditation Form

## Section A - Personal Details

(Please complete all fields. Your name should be entered as you wish it to appear on all official documents)

Please give your ILL Membership No. if known		<input type="text"/>	Have you ever had previous contact with the CII? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mr/Mrs/Ms	<input type="text"/>	Forename	<input type="text"/>	Date of Birth (dd/mm/yy)
Surname	<input type="text"/>			Daytime Tel
Contact Email	<input type="text"/>			Mobile
Home Address	<input type="text"/>			
Country	<input type="text"/>			
Employer	<input type="text"/>			
Job Title	<input type="text"/>			
Work Address	<input type="text"/>			
Country	<input type="text"/>			Work Tel
Alternate Email	<input type="text"/>			Work Mobile
Address to be used for correspondence		<input type="checkbox"/> Home	<input type="checkbox"/> Work	

Please tick one box per category

Type of organisation / role			
Insurance	<input type="checkbox"/> Insurance company	<input type="checkbox"/> Broker / Intermediary	<input type="checkbox"/> Lloyds
	<input type="checkbox"/> Loss adjuster / Loss assessor	<input type="checkbox"/> Bank/Building society	<input type="checkbox"/> Reinsurance company / broker
Financial Services	<input type="checkbox"/> Independent financial advisor	<input type="checkbox"/> Independent financial advisor- Network	<input type="checkbox"/> Consultancy
	<input type="checkbox"/> Tied Agent (Sole agent)	<input type="checkbox"/> Company (insurer/assurer) Back office	<input type="checkbox"/> Legal
	<input type="checkbox"/> Investment house	<input type="checkbox"/> Other	<input type="checkbox"/> Whole of market
Mortgage	<input type="checkbox"/> Mortgage intermediary	<input type="checkbox"/> Network	<input type="checkbox"/> Bank/Building Society back office
	<input type="checkbox"/> Estate Agent	<input type="checkbox"/> Accountant	<input type="checkbox"/> Mortgage advisor
	<input type="checkbox"/> Building Society	<input type="checkbox"/> Specialist lender	<input type="checkbox"/> Independent financial advisor
Area of work	<input type="checkbox"/> Underwriting	<input type="checkbox"/> Claims/loss adjusting	<input type="checkbox"/> Packager
	<input type="checkbox"/> Risk management/surveying	<input type="checkbox"/> Administration/processing	<input type="checkbox"/> Insurance broker
	<input type="checkbox"/> Finance	<input type="checkbox"/> Other	<input type="checkbox"/> Insurance company
Insurance	<input type="checkbox"/> Underwriting	<input type="checkbox"/> Claims/loss adjusting	<input type="checkbox"/> Broking
	<input type="checkbox"/> Risk management/surveying	<input type="checkbox"/> Administration/processing	<input type="checkbox"/> Compliance
	<input type="checkbox"/> Finance	<input type="checkbox"/> Other	<input type="checkbox"/> Sales/Marketing
Financial services/mortgage	<input type="checkbox"/> Advising clients	<input type="checkbox"/> Underwriting	<input type="checkbox"/> Claims
	<input type="checkbox"/> HR/training	<input type="checkbox"/> Compliance	<input type="checkbox"/> Finance
	<input type="checkbox"/> Technical adviser	<input type="checkbox"/> Other	<input type="checkbox"/> Administration/processing
Job category	<input type="checkbox"/> Administrative	<input type="checkbox"/> Technical	<input type="checkbox"/> Advisory
	<input type="checkbox"/> Middle management (Branch, Office, Dept)	<input type="checkbox"/> Senior management (General, Head of)	<input type="checkbox"/> Executive (CEO, Director)
	<input type="checkbox"/> Other		<input type="checkbox"/> Supervisory/Controller
			<input type="checkbox"/> Business owner

## Section B - Qualifications held

Please note that in order to be eligible for accreditation of prior learning, your qualification must match at least 80% of the syllabus and 70% of the assessment format of a current examination unit. In line with other professional bodies, academic qualifications (e.g. University degrees, HNDs etc.) completed more than 10 years ago will not be considered for Accreditation. Please refer to [www.insurance-institute.ie](http://www.insurance-institute.ie) for further details of the accreditation rules and requirements.

Please complete this section with the details of the examination units you are seeking prior learning credits for.

Qualifications/Examinations held	Awarding body	Date of award	Unit(s) in respect of which you are seeking to claim credits	Certified copy of your qualification/examination certificate	Certified copy of transcript of individual modules completed as part of an overall qualification e.g. University degree
				copy enclosed - tick <input type="checkbox"/>	copy enclosed - tick <input type="checkbox"/>
				copy enclosed - tick <input type="checkbox"/>	copy enclosed - tick <input type="checkbox"/>
				copy enclosed - tick <input type="checkbox"/>	copy enclosed - tick <input type="checkbox"/>
				copy enclosed - tick <input type="checkbox"/>	copy enclosed - tick <input type="checkbox"/>

## Section C - Fees

Please refer to [www.insurance-institute.ie](http://www.insurance-institute.ie) for a guide to fees, however please do not send payment at this time. If you are granted any credits you will be advised of the fee payable.

## Section D - Declarations

**Declaration**  
I apply for accreditation in the subject(s) indicated above.

Signed

Date

### Terms and conditions

I have read and agree to the terms and conditions in applying for accreditation or prior learning as indicated above.

### Data Protection and Privacy

We may from time to time wish to draw your attention to other CII products and services which are likely to be of interest to you. We may also share your data with third parties who will use this for similar purposes, but will never sell your personal data to third parties. The CII will assume that you consent to us using your data in this way unless you tick the following box.