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| **Online Training for CII Insurance Examinations - Application Form** | | **Your tuition on this course is fully funded by:**  **The Insurance Institute of Chester & North Wales** |
| **Please highlight the course for which you are applying, or delete the other one:** | * **Cert CII – Broker Pathway** * **Cert CII – Insurer Pathway** | |
| **First name:** |  | |
| **Surname:** |  | |
| **Job title:** |  | |
| **Professional qualifications to date, if any:** |  | |
| **Employer’s name:** |  | |
| **Employer’s address:** |  | |
| **Your email address:** |  | |
| **Your mobile telephone number:** |  | |
| **Your CII PIN:** |  | |
| **Do you have your manager’s approval to attend the training sessions?** |  | |
| **If not, please confirm that you will be saving sufficient leave. Insert ‘yes’ in the box right:** |  | |
| **Please confirm that you or your employer will be funding the current year’s CII study texts and the cost of examination entry for each subject.**  **Insert ‘yes’ in box right:** |  | |
| **Please confirm that you will take each CII examination within two weeks of tuition for that subject finishing. Insert ‘yes’ in box right:** |  | |
| **Name of manager:** |  | |
| **Job title of manager:** |  | |
| **Manager’s Email address:** |  | |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | |
| **I have checked this form and confirm that the answers are correct to the best of my knowledge. Insert ‘yes’ in box right:** |  | |
| **Today’s date:** |  | |

**Please submit the completed form to:** [**keithtorrance@enterprise.net**](mailto:keithtorrance@enterprise.net)

**If you haven’t received an acknowledgement in seven days, please check whether your form has been received.**