The Insurance Institute of Perth and Dundee

Application Form

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| **Applicant Information** | |
| **First name:** |  |
| **Surname:** |  |
| **Current position:** |  |
| **Company name:** |  |
| **Company address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Mobile:** |  |
| **Email:** |  |
| **Qualifications, including CII subjects studied to date:** |  |
| **Brief career history (no more than 100 words):** |  |

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| **What have been the biggest challenges you have faced in completing your qualifications so far? (no more than 200 words)**  A brief overview of any difficulties faced or challenges you have experienced so far |
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| **Do you have support from your line manager and company (no more than 200 words)**  If not, how are you going to manage this situation to ensure you can attend the course and complete the work within the necessary timescales? |
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| **I declare that the contents of this declaration form are true to the best of my knowledge** | | | |
| **Applicant’s Signature:** |  | **Date:** |  |
| **Line Manager’s Signature:** |  | **Date:** |  |
| **Line Manager's Name:** |  | | |
| **Line Manager’s Role:** |  | | |