



## IF YOU ARE BECOMING A MEMBER ALSO COMPLETE THE MEMBERSHIP APPLICATION FORM

## PROFESSIONAL DIPLOMA IN FINANCIAL SERVICES APPLICATION/REGISTRATION FORM

PERSONAL DETAILS	ALL FIELDS ARE MANDATORY
Membership number	Staff number Staff number
Surname	
First name	
Date of birth (dd/mm/yyyy)	/ / / Title Mr Mrs Ms
County of birth e.g. Dublin (if born outside of Ireland, country of birth)	
Mobile phone number*	
Email address*	
Mother's maiden name	
Have you been a UCD student before?	E.g. attained a degree, studied a postgraduate programme or attained an award from The Institute of Banking  Yes  No
If yes, state dates of attendance	From (mm/yyyyy) / To (mm/yyyyy) / To (mm/yyyyy) / "We will send you alerts when new correspondence is posted online to <b>My institute</b>
WORK DETAILS	Note that all correspondence is sent to your work address unless requested otherwise. The Institute of Banking does not accept responsibility for correspondence sent to home addresses
Employer name	
Department	
Address	
County	Postcode Postcode
Work phone number	
HOME DETAILS	
Address	
County	Postcode

OR

# PLEASE NOTE THAT YOU DO NOT NEED TO COMPLETE THIS SECTION IF YOU ARE ALREADY ENROLLED ON THE PROGRAMME. **ENTRY CRITERIA - COMPLETE A OR B** Holders of 30 ECTS, level 7, e.g. the Professional Diploma in Financial Advice The Institute of Banking LIA (attach copies of transcripts of results, originals may be requested) **DECLARATION OF WORK EXPERIENCE** I confirm that I have 3 years experience in a relevant banking role. (See <a href="www.iob.ie">www.iob.ie</a> or the prospectus for admission criteria.) Applicant's signature Date Line manager name Line manager signature Date В Admission based on external qualifications e.g. level 7, degree in business etc. (See www.iob.ie or the prospectus for admission criteria.) Complete the third level education table below and attach copies of transcripts of results (original may be requested). THIRD LEVEL EDUCATION Names of institutions attended Years of study Programmes/Qualifications passed From: To: **DECLARATION OF WORK EXPERIENCE** I confirm that I have 3 years experience in a relevant banking role. (See <a href="www.iob.ie">www.iob.ie</a> or the prospectus for admission criteria.) Applicant's signature Date Line manager name Line manager signature Date

#### **CORE MODULES**

Module	Exam Date and Start Time	Fee - €475 per module
Customer Experience	23 Jan 2016 - 12.00pm	
Management	14 May 2016 - 12.00pm	
	17 Sep 2016 - 12.00pm	
Principles of Credit Risk	9 Jan 2016 - 12.00pm	
	21 May 2016 - 12.00pm	
	3 Sep 2016 - 12.00pm	
Principles and Practices of Banking	16 Jan 2016 - 3.00pm	
	21 May 2016 - 9.00am	
	3 Sep 2016 - 9.00am	

#### **MODULE OPTIONS - CHOOSE 1**

Module	Exam Date and Start Time	Fee - €495 per module
Banking in a Digital Age	9 Jan 2016 - 9.00am	
	7 May 2016 - 9.00am	
Business Management	14 May 2016 - 3.00pm	
Personal Debt Management	16 Jan 2016 - 9.00am	
and Personal Insolvency	14 May 2016 - 9.00am	
SME Credit Risk Assessment	23 Jan 2016 - 3.00pm	
	21 May 2016 - 3.00pm	
	17 Sep 2016 - 3.00pm	
SME Financing and Distressed Credit Analysis	16 Jan 2016 - 3.00pm	
	7 May 2016 - 3.00pm	
	3 Sep 2016 - 3.00pm	
Wealth Management	17 Sep 2016 - 9.00am	

TEXTB	OOKS	

Customer Experience Ma	nagement €46 ∟	☐ Principles a	nd Practices of Banki	ing €40 🔲 B	anking in a Digita	ll Age €62	Business Management €4	5 U Wealth Man	agement €40 ∟	
RECOGNISED PRIOR LEARNING Credits for recognised prior learning may be available. Go to www.iob.ie/rpl.										
LECTURE VENUES	Venues are available subject to demand	Cork	Dublin							
EXAM VENUES	Venues are available subject to demand	Athlone	Belfast	Cork	Dublin 🗌	Galway 🗌	Letterkenny	Limerick	Waterford _	

CLOSING DATES Leading to January exams: Wednesday 23 September 2015 : Leading to May exams: Friday 22 January 2016 : Leading to September exams: Friday 20 May 2016

#### **PAYMENT ADVICE**

#### Cheque/Draft

- Ensure you print your name and membership number (if applicable) clearly (in block capitals) on the back of the cheque or draft
- Post-dated cheques/drafts are not accepted
- Make cheques/drafts payable to The Institute of Banking

#### Credit card/Debit card

Please debit my card	€						
Tick only one card	Visa Mastercard						
Card Number							
Security Code*	*the last three digits on the back of your credit card. This code is mandatory for Visa/Mastercard						
Expiry Date	M M / Y Y						
Name on Card							
Signature of cardholder	Date d d / m m / y y y						

### **DATA PROTECTION NOTICE**

The information provided by you on this application/registration form and generated as a result of your participation in programme(s) may be used and disclosed by the Institute of Banking for all purposes which are reasonably incidental to your eligibility/participation in the programme(s).

If you are taking part in programmes in the context of your employment, those purposes may include the disclosure of examination results to your employer and such other information as may be necessary to enable your employer to maintain a register of accredited individuals and for other regulatory or compliance purposes. If applicable your information may also be disclosed to the Central Bank of Ireland for Minimum Competency Code and Fitness and Probity requirements. Where you are taking part in the programme(s) in a private capacity (i.e. outside the course of your employment) you may indicate that your information should not be disclosed to your employer by ticking

I confirm that I am participating in this programme outside the course of my employment.

However, if your employer subsequently seeks such information in relation to you and submits evidence to us that you took part within the course of your employment, we reserve the right to disclose your information to your employer. The Institute of Banking may also provide you with information in relation to other services which they offer. If you do not wish to receive information or offers in relation to such other services please tick this box.

You are entitled to ask for a copy of the personal data which The Institute of Banking holds about you and to have any inaccuracies in such personal data amended or erased. You may do so by writing to: The Registrar, The Institute of Banking, IFSC, 1 North Wall Quay, Dublin 1

### **DECLARATION**

I wish to register for the programme(s) selected above. By submitting this Institute of Banking form I am declaring that the information provided is accurate and I acknowledge that I have read in full, understood and agree to be bound by the terms and conditions set out and referred to online at <a href="https://www.nbbis/Perms.">www.nbbis/Perms.</a> I further confirm that I have read and understood the contents of the data <a href="protection notice and consent">protection notice and consent to the uses and disclosures of my personal data as set out therein</a>

Signature												
Date	d	d	/	m	m	/	у	у	у	у		

COMPLETED FORMS CAN BE POSTED TO: THE INSTITUTE OF BANKING, IFSC, 1 NORTH WALL QUAY, DUBLIN 1, DO1 T8Y1.