

## Important notes:

Before completing this application form, carefully read the Fellowship guidelines.

As this form needs to be photocopied, please type or write legibly in black or blue ink. If there is insufficient space in any part of this form, please attach extra sheets.

Please complete all sections of this form in BLOCK CAPITALS and return to: **The Chartered Insurance Institute, Fellowship Advisory Service (FAS), 42-48 High Road, South Woodford, London, E18 2JP**

If you require any assistance or advice when completing this form please call Customer Service on +44 (0)20 8530 0819 or email [societies.fas@cii.co.uk](mailto:societies.fas@cii.co.uk)



# Election to Fellowship application form

## Section A – Personal details

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

Please give your CII/PFS permanent identity number (PIN) if known

PIN

Mr/Mrs/Miss/ Ms/Other  Surname/ Family name   
Forenames/ Given name(s)

Gender (Please tick)  Male  Female Date of birth

Daytime tel  Mobile

Employer name

Job title

Work address

Postcode  Country

Home address

Postcode  Country

email

Please take care when providing your email address as most correspondence will be sent electronically.

Tick address to be used for correspondence (Please tick)  Home  Work

## Section B – Major achievement

Please set out below your major achievement. You must choose only one of the four options:

### 1. Professional or managerial qualification gained since becoming an Associate.

  

Has this been approved by the CII? (Please tick)  Yes  No

(If yes, please enclose letter of confirmation from the CII. If no, please refer to [www.cii.co.uk/fellowship](http://www.cii.co.uk/fellowship) for a Major Achievement application form.)

### 2. Dissertation (Please enclose four copies with this application.)

Title

### 3. Project(s) (Please enclose four copies of each project report with this application.)

Title   
Title   
Title

### 4. Portfolio of published works (Please enclose four copies of each published work (in English) with this application together with a written summary.)

Title  Date of publication   
Title  Date of publication   
Title  Date of publication

## Section C – Endorsement by employer

If a work-based project report or dissertation is to be submitted, please ask your employer to endorse your application as follows:  
We support the above named person's choice of work-based major achievement and confirm that we have no objection to the publication of the company-specific information that is included.

Name	
Title	
Signature	
Date	

## Section D – Election to Fellowship personal checklist

Please do not submit your application until you can confirm by ticking all the 'yes' boxes below to indicate that you have met all the election to Fellowship application criteria.

### I confirm that I:

	Yes	For office use only
• am an Associate of the Chartered Insurance Institute	<input type="checkbox"/>	<input type="checkbox"/>
• hold the pre-1992 Associateship and have submitted a summary of 10 years relevant work experience	<input type="checkbox"/>	<input type="checkbox"/>
• am a current member of the Chartered Insurance Institute	<input type="checkbox"/>	<input type="checkbox"/>
• have been employed (or self-employed) in the insurance industry for at least four years	<input type="checkbox"/>	<input type="checkbox"/>
• am wholly or mainly engaged or employed in work connected with insurance	<input type="checkbox"/>	<input type="checkbox"/>
• have paid the Fellowship enrolment fee	<input type="checkbox"/>	<input type="checkbox"/>
• have successfully completed a Fellowship plan	<input type="checkbox"/>	<input type="checkbox"/>
• have successfully completed the Business Ethics Programme	<input type="checkbox"/>	<input type="checkbox"/>
• have three years of CPD records (These records, or a letter from the CII confirming that your records have been approved, must be attached to this application.)	<input type="checkbox"/>	<input type="checkbox"/>
• have completed the application for Chartered title/am a Chartered title holder/do not wish to become a Chartered title holder	<input type="checkbox"/>	<input type="checkbox"/>
• have signed the declarations (Section F)	<input type="checkbox"/>	<input type="checkbox"/>

By ticking the appropriate boxes you are confirming that you have enclosed all the necessary evidence to support your application. You must include everything listed in part A and one of the options from part B.

Please do not submit your application until you are able to enclose all the supporting documentation.

### Part A. I confirm that I have enclosed all of the following:

• a completed and signed application form	<input type="checkbox"/>	<input type="checkbox"/>
• an election fee of £215 (Section E)	<input type="checkbox"/>	<input type="checkbox"/>
• <b>four</b> copies of my statement of personal development (Please check the Fellowship guidelines to ensure that your statement includes all relevant information.)	<input type="checkbox"/>	<input type="checkbox"/>

### Part B. I confirm that I have enclosed one of the following major achievements:

• evidence of a further professional or managerial qualification (Please refer to the Fellowship regulations or letter of confirmation)	<input type="checkbox"/>	<input type="checkbox"/>
• <b>four</b> copies of my project(s) (with a signed employer's endorsement if required) (Section C)	<input type="checkbox"/>	<input type="checkbox"/>
• <b>four</b> copies of my dissertation (with a signed employer's endorsement if required) (Section C)	<input type="checkbox"/>	<input type="checkbox"/>
• my portfolio of published work containing four copies of each publication	<input type="checkbox"/>	<input type="checkbox"/>

You must have successfully completed the Business Ethics Programme before applying for election to Fellowship.

## Section E – Method of payment

Fees – I enclose the payment of £215 election fee.

Make sure you have signed and dated the declarations, and ticked a payment method.

Tick method of payment and, if applicable, complete the card details.

Cash/cheque payable to The Chartered Insurance Institute enclosed (Please write your PIN if known on the back of the cheque).

Credit/debit card: Please debit my/our account with the total cost of the goods and services ordered on this form.

Type of card (Please tick)  VISA  MASTERCARD  DELTA  MAESTRO  SOLO  AMEX

Valid from\*     Expiry date\*     Issue number\*

Card number\*

\*Please complete according to the information on your credit/debit card.

Cardholder's name and address if different from above

Cardholder's signature

Date

Please note: In the interests of data security we do not recommend you send credit or debit card details by email.

The fee is not refundable if your application is unsuccessful.

## Section F – Declarations

### Data protection and privacy

The CII will ensure that your personal data is processed in line with Data Protection legislation and the CII Data Protection and Privacy Statement (available on the CII's website). To process this application, I am deemed to have consented to the CII processing my data.

### Sharing information with your employer

The CII will, upon request, provide your employer with details of your assessment record and accreditation, including all attempts and future entries, along with your CII Permanent identity number, unless you tick the following box.

### Privacy and electronic communications regulations

The CII may from time to time wish to draw your attention to other CII products and services electronically which are likely to be of interest to you. The CII will assume you consent to us using your data in this way, unless you tick the following box.

To opt out of postal marketing communications from the CII and your local institute please send a request to Customer Service at [customer.serv@cii.co.uk](mailto:customer.serv@cii.co.uk)

### Sharing your data with local institutes

The CII will share your data with your local institute (UK, Channel Islands and Isle of Man based members only) so they may communicate to you, electronically, any local events, products and services that complement those offered by the CII. The CII will assume that you consent to us using your data in this way, unless you tick the following box.

Signature

Date

### Plagiarism

In submitting work under the Fellowship programme you are declaring that you have read the Fellowship guidelines and that it is your own work. Failure to comply with these rules may result in disciplinary action and your name being published in our Journal and Financial Solutions magazines and on our website.

### Your right to cancel

In accordance with The Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013 you have a right of cancellation in respect of these Products and Services, which right shall (subject to the Regulations) expire fourteen calendar days from the day on which either the product/s are received by you, or a person nominated to receive the products on your behalf, or your order for services is accepted by the CII. Should you wish to cancel, notice should be sent to Customer Service. Where products have been supplied to you prior to such cancellation they must be returned to us, in the condition in which they were supplied to you, at your expense. Reimbursement for any monies paid by you which relate to the cancellation will be sent to you within fourteen days of receiving the notice of cancellation or if products are to be returned to us, within fourteen days of their receipt or proof of sending.

### The Chartered Insurance Institute

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tel: +44 (0)20 8530 0819 fax: +44 (0)20 8530 3052 email: [societies.fas@cii.co.uk](mailto:societies.fas@cii.co.uk)

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