

ENROLMENT FORM (INSURANCE INSTITUTE OF EAST AFRICA)

www.int-comp.org



ICA

Please complete in **BLOCK CAPITALS**

1. Personal details

Title:

First name(s):

Last name:

Name to appear on certificate (if different):

Job title:

Address:

Postcode/Zip:

Country:

Email address:

Telephone number:

Mobile number:

Special dietary requirements: [Please provide details](#)

Do you suffer from any disability or illness that may affect your training and assessment? **YES** **NO**

If yes, please provide details:

Equal opportunity and disability statement

ICA welcomes applications from students with additional support needs as a result of a disability, medical condition or specific language difficulty e.g. dyslexia.

All applications will be considered under the same criteria as other applications. You are encouraged to contact the ICA team (studentservices@int-comp.org) to discuss any requirements you may have relating to your study or other needs as soon as possible.

This is so that we can take all reasonable steps to ensure your needs are met and that the relevant staff are informed of support requirements at the earliest opportunity.

ICA will take all reasonable steps to ensure that applicants who meet the academic criteria will not be excluded from the course that interests them for reasons relating to their disability. However, there may be rare occasions that we would be unable to meet an individual's needs, but this would be discussed in detail and every avenue investigated before a decision was made.

2. Employer details

Business type:

Banking

Betting & gaming

Capital markets

Energy

Healthcare/ pharmaceuticals

Securities/ investment

Regulator

Insurance

Telecoms

Other:

Name:

Address:

Postcode:

Country:

3. ICA membership

You need to be a member of ICA to access your resources and to complete your assessment(s). This is required, as a minimum for the duration of your studies although many students commit to ongoing membership to ensure continuous professional development, the opportunity for recertification and to retain the ability to use the post nominal designations (AICA, MICA or FICA).

Visit <https://www.int-comp.org/membership/the-membership-journey/> for more information

Are you an ICA member? **YES** **NO**

If yes, state ICA membership number*:

* Please refer to your communications from ICA for this number

Become a Student member £75

4. Course details

Please state your chosen course:

Please note, you are required to have a good understanding of English to complete this course.

All materials are available online. Do you wish to attend the face-to-face workshops (if applicable) for the course?

Yes **No**

Preferred workshop location:

5. Terms and Conditions

I confirm that I have read and accept ICA's <https://www.int-comp.org/terms-conditions/> Terms and Conditions.

Student (please print name):

Signature:

Date:

6. Data protection

Why we collect your data

We must collect your data for administrative purposes to carry out our contract with you. We may also collect your name and contact details to send you information about our other products and services which you might be interested in. For example, the data we hold about you helps us personalise our recommendations for products, services and promotions. You can unsubscribe from our emails at any time.

When we'll share your data

We'll only share your data with third parties to help us provide a better service for you. For example, uploading your contact details to our learning management software so that you can access your learning materials or to a local ICA representative based in your country (where applicable) so that they can help administer your learning and send you local information.

Know your rights

You have many rights regarding your personal data. These include seeing what data we hold and updating your information. If you'd like to find out more, take a look at our Privacy Notice on our website at <https://www.int-comp.org/privacy-policy/>.