Chartered Insurance Institute
Standards. Professionalism. Trust.

# Fellowship major achievement

## – additional qualification

**Important notes:**

Please send this form with documentary evidence to: **societies.fas@cii.co.uk**

## Section A – Personal details

(Please complete all fields – it is essential we have your email address as this is our main channel of contact with you)

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

Mr/Mrs/Miss/Ms/Other Surname/Family name

Forenames/Given name(s)

Preferred name for CII communications

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 – Qualification registration

For a qualification to be acceptable, it must meet the criteria detailed in the Fellowship regulations and guidelines brochure.

Qualification title

Awarding body

How long did it/will it take you to complete? ☐ years ☐ Full-time ☐ or part-time

Date of completion/intended date of completion

How many subjects did you/will you pass by formal assessment to gain this qualification?

Please indicate the method(s) of assessment by ticking the appropriate box(es)

☐ Written exam(s) (3 hours or longer) ☐ Written exam(s) (less than 3 hours) ☐ Multiple-choice exam(s)

☐ Work-based assessment(s) ☐ Project(s) ☐ Dissertation(s)

Documentary evidence must be provided for all qualifications, other than those examined by the CII. For more information see the Fellowship regulations and guidelines brochure or www.cii.co.uk/fellowship

| Subjects passed/to be xpassed | | | |
|---|---|---|---|
| **Title** | **Method of assessment** | **Grade** | **Date** |
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Signed Date

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