



International Certificate Re-sit Form

June 2021

For Office Use Only

Date received:	Ackn. Date:	EDU:	Membership Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1 Section 1 – Personal Details & Contact Information

Family Name: <input type="text"/>	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other <input type="checkbox"/>
First Names: <input type="text"/>	Date of Birth: <input type="text"/>

IRM Membership No.:

Personal Contact Details:	Business Contact Details:
Address: <input type="text"/>	Employer: <input type="text"/>
Town: <input type="text"/>	Address: <input type="text"/>
County / State: <input type="text"/>	Town: <input type="text"/>
Postcode: <input type="text"/>	County / State: <input type="text"/>
Country: <input type="text"/>	Postcode: <input type="text"/>
Email: <input type="text"/>	Country: <input type="text"/>
Telephone: <input type="text"/>	Email: <input type="text"/>
Mobile: <input type="text"/>	Telephone: <input type="text"/>
Mobile: <input type="text"/>	Mobile: <input type="text"/>
Preferred Correspondence Details: Personal Address <input type="checkbox"/> Business Address <input type="checkbox"/> Personal Email <input type="checkbox"/> Business Email <input type="checkbox"/>	

Family Names (office use):

First Names (office use):

2 Section 2 – Examination

Please indicate the module(s) you need to re-sit in this exam session:

International Certificate in Enterprise Risk Management

Module 1

Module 2

International Certificate in Financial Services Risk Management

Module 1

Module 2

Special Arrangements:

I wish to make an application for Special Access Arrangements

Note: You must complete a separate Special Arrangements Application Form and attach it to this enrolment form. You will find a copy on the IRM website

IRM will ensure that your personal data is processed in line with Data Protection legislation and IRM's Data Protection & Privacy Statement (Available on IRM's website). In submitting this application you are deemed to have consented to IRM processing your data

Sharing Your Data with Third Parties

Yes

No

IRM will never sell your data to third parties for commercial gain. However, we may have to share your data with third parties who provide products and services that complement those offered by IRM
Please let us know if you consent to using your data in this way.

Sharing Information with Your Employer

Yes

No

Please indicate if, upon request, we are able to provide your employer with details of your examination record and accreditation, including all attempts and future entries.

Privacy & Electronic Communications Regulations

Yes

No

IRM may from time to time wish to draw your attention to other IRM products and services electronically which are likely to be of interest to you.
Please indicate if you consent to us using your data in this way.

Re-Sit Window Closes: **10th April 2021**

Exam Session: **June 2021**

Standard Re-sit fee:

5 Section 5 – Programme Details & Fees Payable Continued

Bank Transfer

Bank Name:	Lloyds
Branch:	Fenchurch Street
Sort Code:	30 – 93 – 23
Account Number:	00748112

Account Name:	Institute of Risk Management
IBAN:	GB46LOYD30932300748112
Swift Code:	LOYDGB21009
Reference:	

Credit Card

To pay by credit card, please telephone us on +44 (0) 20 7709 9808 with your card details . We accept Visa/Mastercard/ American express only

You are strongly advised not to send credit card information by email

6 Section 6 – Declaration

I declare that all information provided by me on this form is true and correct to the best of my knowledge. I further declare that:

- I have read and agree to abide by IRM's Code of Conduct
- I agree to abide by IRM's examination rules and regulations
- I will use the study materials for my own purposes and will not sell, copy lend or give them to anyone else
- I have read and agree to IRM's qualifications terms and conditions of business including my right of cancellation
- I understand that I am enrolling for the June 2021 exam session as stated and that IRM do not offer deferrals or postponement of exams
- I understand that if successful in my examinations, IRM reserves the right to publish my name.
- I give permission for the IRM to provide my personal details to Pearson Vue in order to facilitate the selection of my test centre and the processing of my test results for the online exam.

Applicant Signature:

Date:

ALL RE-SIT FEES MUST BE PAID BY 10th APRIL 2021 – NO RE-SITS WILL BE ACCEPTED AFTER THIS DATE