

IRPM MEMBER EXAMINATION REGISTRATION FORM

I would like to sit the IRPM Member examination on Tuesday 15 October 2019 in:-

London

Manchester

CIH processes personal data in compliance with the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) and the Data Protection Act.

Please note that the details you provide below will only be used by CIH and shared with IRPM in the administration of the IRPM Member Examination. You will not be contacted by any other parties. Please confirm that you have read the CIH privacy notice <http://www.cih.org/resources/PDF/Marketing%20PDFs/Privacy%20notice%202018.pdf>

Yes, I have read the CIH Privacy Notice

Name _____

Title Mr / Mrs / Miss / Ms Other: _____

IRPM Associate No _____

(Please contact IRPM if you need confirmation of this number as we cannot process your application without it)

Home Address _____

(Please notify us of any changes as your examination results letter will be posted to your home address)

Daytime tel. no _____

E-mail _____

Please check your email account regularly especially if a home email address is used. Acknowledgement of your registration and joining instructions for the examination venue will be sent via this account.

By signing this form, I accept that I am providing this information to be used and stored for the purposes set out above.

Signature:

Date:

CLOSING DATE FOR APPLICATIONS IS FRIDAY 4 OCTOBER 2019

Special considerations and support

Should you require special facilities or support you must make CIH aware of your needs **when you apply for registration**. CIH and IRPM are committed to providing access to all and will endeavour to meet all requests for support and/or provide special facilities to enable open and comprehensive access to the examination provided that sufficient notification is given. Please note that applicants will need to provide formal evidence of independent assessment of their needs where appropriate.

Please direct all booking enquiries to Lynda Duke at CIH on 024 7685 1754

Please complete the payment details below and return your form by:

Post: Education Department, CIH, Octavia House, Westwood Way, Coventry, CV4 8JP
E-mail: IRPM@cih.org

Bank details for BACS Transfer:

Account number: 50177628
Sort code: 20-23-71

Examination Fees:

- First sitting of Member examination £380.00 (VAT not applicable)
- Retake of Member examination £120.00 (VAT not applicable)

Please note that once you are registered if you decide not to take the examination on your chosen date you are allowed one free transfer to move to the next available session. Any future transfers will incur a fee of £25.00 per session.

Please tick method of payment and delete as appropriate:

- I enclose a cheque for £380/£120 made payable to the Chartered Institute of Housing
- I will make a BACS transfer for £380/£120 to the Chartered Institute of Housing
- I would like to pay £380/£120 by Credit/Debit card. Please contact Lynda Duke on 02476 851 754
- Please send an invoice for £380/£120 to my employer - address and authorisation below:

Contact name and e-mail address (to receive invoice):

Invoice address:

(Please complete in block capitals to ensure legibility for finance department)

Authorised by (Signature):

Position:

Employers: In the event that a candidate leaves your organisation before the examination has been taken, we will need the agreement of the named candidate to organise a reimbursement of the fee. Should the candidate leave your organisation after the examination has been taken then you will need to recover the fee from the candidate.