



Application for Registration as an Chartered Tax Adviser (CTA) Student 2017

Personal Details

Title: _____ Surname: _____ First Name: _____

Address: _____

Work Telephone Number: _____ Mobile Telephone Number: _____

E-mail Address:

(A VALID E-MAIL ADDRESS IS MANDATORY WHEN ENROLLING AS A STUDENT)

Where did you hear about the course? _____

Employment details

Are you currently employed? Yes No

Are you working in tax? Yes No

Company name: _____

Address: _____

Which of the following describes your current employer (circle as appropriate)

Big 4 / Small / medium practice / Large practice / Industry / Other (please specify): _____

Qualifications

List the professional and academic qualifications held at Level 8 or above

Qualification	Awarding body	Year

Have you previously registered as a student with the Irish Tax Institute? Yes No

If yes, when? _____

Data Protection

Your personal information will be processed by the Irish Tax Institute in accordance with the Data Protection Acts, 1988 and 2003. We will use your information to process your registration form and to enrol you on the relevant course. Thereafter, we will keep your personal information on file and it will be processed for administrative purposes.

We would like to keep you updated in relation to future courses and/or publications. Usually we send such materials by post but we would also like to contact you by e-mail, SMS or phone. You have a right not to receive such materials from us. If you do not wish for us to use your details, please tick the box.

Declaration

I have read and understand the Irish Tax Institute's Chartered Tax Adviser (CTA) Course Information and Regulations 2017/2018 including the rules and regulations and agree to be bound by all decisions of the Education Committee.

I have achieved the minimum educational requirements and have enclosed a copy of my results to support my application for registration as a Student Member of the Irish Tax Institute.

I certify that the information given is correct.

Signature _____ Date _____



Application for Exemptions on the Part 2 Winter 2017 Course of the Chartered Tax Adviser (CTA)

Personal Details

Title: _____ Surname: _____ First Name: _____

Address: _____

Work Telephone Number: _____ Mobile Telephone Number: _____

E-mail Address:

(A VALID E-MAIL ADDRESS IS MANDATORY WHEN ENROLLING AS A STUDENT)

Where did you hear about the course? _____

Exemption details

My application for a Group _____ exemption is based on the following:

I passed the final / qualifying examination of:

Qualification	Awarding body	Year

Declaration

I have read and understand the Irish Tax Institute's Chartered Tax Adviser (CTA) Course Information and Regulations 2017/2018 including the rules and regulations and agree to be bound by all decisions of the Education Committee.

I attach appropriate proofs of entitlement to exemptions.

I certify that the information given is correct.

Signature _____ Date _____

For office use only

Student number _____

Personal & Business Taxes Fundamentals

Approved for signing: _____

Capital Taxes Fundamentals

Signature: _____

Financial Reporting & Tax Accounting Fundamentals

Date: _____

Law Fundamentals



Application for Registration on the Part 2 Winter 2017 Course of the Chartered Tax Adviser (CTA)

Personal Details

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Address: _____

Work Telephone Number: _____ Mobile Telephone Number: _____

E-mail Address:

(A VALID E-MAIL ADDRESS IS MANDATORY WHEN ENROLLING AS A STUDENT)

Where did you hear about the course? _____

Course materials will be delivered during office hours and must be signed for. Please provide a shipping address if relevant:

Employment details *(if not submitted with student registration form)*

Fees paid by Self Employer

Are you currently employed? Yes No

Are you working in tax? Yes No

Company name: _____

Address: _____

Which of the following describes your current employer *(circle as appropriate)*

Big 4 / Small / Medium practice / Large practice / Industry / Other (please specify): _____

Course Details

Please tick as appropriate:

- Full course
- Personal Taxes: Application & Interaction
- Business Taxes: Application & Interaction
- Indirect Taxes: Application & Interaction
- Capital Taxes: Application & Interaction
- Professional Skills

Venue

Dublin Cork Athlone Online

Examination Details

All venues are subject to availability and demand. Details will be posted on the student area of the Irish Tax Institute's website. Please tick **both** your first and second preference of venue. Students will be awarded their first preference where possible.

Interim Exam and Professional Skills Assignment

Please select the Continuous Assessment session you intend to present for:

January 2018 Select Venue

1st Preference: Dublin Cork Athlone

2nd Preference: Dublin Cork Athlone

June 2018 (Dublin Only)

Examination

Please select the Examination sitting you intend to present for:

Summer 2018 Autumn 2018

1st Preference: Dublin Cork Athlone

2nd Preference: Dublin Cork Athlone

Personal Taxes: Application & Interaction Indirect Taxes: Application & Interaction

Business Taxes: Application & Interaction Capital Taxes: Application & Interaction

If you decide to change your selected examination sitting after your examination number has issued for the Continuous Assessment or end-of-course examinations a €50 charge is payable.



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A learning management system (LMS) tracks all other aspects of student engagement, such as if and when a student views online lectures or participates in interactive quizzes for the purposes of self-testing on core material or in discussion fora. Where a student's course fees and/or examination fees are being paid by a student's employer who is the employer at the time of payment ("payor"), the payor may request confirmation from the Irish Tax Institute that the student is engaging with the programme (e.g. attending lectures, tutorials and assessments, viewing online lectures, completing e-learning modules and participating in discussion fora in the LMS).

The payor may also request a student's Assessment results. Students are advised that, where this information is requested by the payor, the Irish Tax Institute, in accordance with our data protection notice, will advise the payor of their attendance record at lectures and assessments, LMS activity, continuous assessment and examination results once these are available. If a student is found to have committed plagiarism or personation under regulation 12.5 to have breached any other regulation under 12.7, this may be advised to the payor in accordance with our data protection notice. By signing this form, you confirm your consent to these disclosures to your employer without further notice to you.

The Irish Tax Institute's lectures and tutorials may be recorded. By signing this form, you consent to the broadcast of your participation within lectures and tutorials. A mentor who is a recently qualified Chartered Tax Adviser (CTA) is available for each student registered on a course. If you wish to avail of this, mentors will be given the contact details (mobile telephone number) for each student in order to contact them during the course to discuss the student's progress.

We would like to keep you updated in relation to future courses and/or publications. Usually we send such materials by post but we would also like to contact you by e-mail, SMS or phone. You have a right not to receive such materials from us. If you do not wish for us to use your details, please tick the box.

You have the right to request in writing a copy of any of your personal data that is held by the Irish Tax Institute and to have any such personal data rectified which is inaccurate or incomplete.

FITNESS DECLARATION

I undertake that I shall at all times observe and comply with the rules and regulations of the Irish Tax Institute applicable to the conduct of its members (including student members), including without limitation the rules set out in the Bye-Laws and in the Code of Professional Conduct, and that I shall observe and comply with such rules both in the letter and in the spirit. I further undertake that I shall not, whether by act or by omission, engage in conduct tending to bring myself, the Irish Tax Institute or its members into disrepute.

I also declare that

- (a) I have not been convicted of an indictable offence other than one prescribed by the Road Traffic Acts
- (b) I am not more than six months in arrears in paying to the Institute any sum which has become payable by me to the Institute;
- (c) I have not, under any resolution of creditors or order of any court having jurisdiction or any deed or document, had my estate placed in liquidation for the benefit of creditors, nor have I been subject to an order of bankruptcy from which I am not discharged;
- (d) I am not disqualified by the High Court from being a company director.

Declaration

I have read and understand the Irish Tax Institute's Chartered Tax Adviser (CTA) Course Information & Regulations 2017/2018 including the Student Regulations and agree to be bound by all decisions of the Education Committee.

I hereby give notice that I wish to present myself for the Chartered Tax Adviser (CTA) Examinations. I have given the information required of me by the Education Committee.

I agree that the Irish Tax Institute may publish my examination results.

I declare that the information given is correct. I acknowledge that making this Declaration falsely may result in my expulsion as a student from all or any courses organised by the Irish Tax Institute.

Signature _____ Date _____

Name (block capitals): _____



Payment for registration on the Part 2 Winter 2017 Course of the Chartered Tax Adviser (CTA) Programme

Payment

Name: _____

	Fee	Total
All 4 modules	<input type="checkbox"/> €1,715
Cost per module	<input type="checkbox"/> €550
Student subscription	<input type="checkbox"/> €235
Delivery of course materials	<input type="checkbox"/> €16
Total		€ _____

I wish to pay by:

Direct Debit (completed mandate attached)

Cheque (made payable to the Irish Tax Institute)

Credit / Debit Card

MasterCard Visa AmEx Visa Debit

Card No.: _____ Expiry Date: _____

Card Holder: _____

Signature: _____

For office use only:

Student number: _____

Approved for Education by: _____