

for the Diploma in Tax.

Application for Registration as a Student on the Diploma in Tax

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 S	STUDENT)	
Employment details		
Company name:		
Division:		
Qualifications		
List the professional and academic qualifications	held	
Qualification	Awarding body	Year
Have you previously registered as a student with		
If yes, when?		
Data Protection		
Your personal information will be processed by the Iris We will use your information to process your registrat	sh Tax Institute in accordance with the Data Protection Acts ion form and to enrol you on the relevant course. Thereafte or administrative purposes.	
lectures or participates in interactive quizzes for the participates and/or assessment fees are being paid be payor may request confirmation from the Irish Tax Instruments access to that student's attendance records	r aspects of student engagement, such as if and when a student pourposes of self-testing on core material or in discussion for y their employer who is their employer at the time of payme titute that the student is engaging with all aspects of the cand assessment results. Students are advised that, where ise the payor of their LMS engagement record in addition to ur data protection notice.	ra. Where a student's ent ("payor"), the course and may this information is
	re courses and/or publications. Usually we send such mater e. You have a right not to receive such materials from us. If y	
 I agree that the data provided in this Application Fo	orm may be submitted to the Irish Tax Institute in suppor	t of my application

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 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 confirm to the best of my knowledge that I have not been involved in any activity if it had occurred at a time when I was a registered student of the Institute which could be construed as breach of the Institute's Code of Professional Conduct. 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.

Dec	rla	rat	ion
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I have read and understand the Irish Tax Institute's Diploma in Tax Course Information & Regulations 2017/2018 including the Student Regulations and agree to be bound by all decisions of the Education Committee.

Thereby give notice that I wish to present myself for the Diploma in Tax Assessment. I have given the information required of me by

the Education Committee.	ax Assessment. Thave given the information required of the by				
I agree that the Irish Tax Institute may publish my examination results. I certify that the information given is correct.					
Signature	Date				
Name (block capitals):					



Payment for registration on the Diploma in Tax

Payment				
Name:				
Course fees Total		Fee		Total
I wish to pay by:				
Direct Debit	(completed	mandate attached)		
Cheque	(made paya	able to the Irish Tax Insti	tute)	
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: