

Application Form CU CPD Membership 2017

This application is for new CU CPD members only. There is no need to complete this form if you are CU CPD registered already.

**Please complete a separate form for each CU CPD member application.
(PLEASE USE BLOCK CAPITALS)**

PERSONAL DETAILS	
Surname:	
First Name:	
Role: (Director/Volunteer/Compliance Officer/BOC member/Manager/Staff, etc.)	
Do you perform a controlled function (CF)?	
Email Address: (Please provide a personal email address if you do not have your own unique credit union email)	
Mobile Number:	
Home Address:	
List any other credit unions you may be connected to (either through work or volunteer).	

CREDIT UNION DETAILS	
Credit Union:	
Chapter No. (1-25)	
Address:	
Phone:	

ANNUAL MEMBERSHIP FEE	
Authorisation	<i>I authorise ILCU to invoice the credit union €120/£95 for membership as stated above.</i>
Authorised by:	
Position in the credit union:	

CU CPD OPERATIONS OR GOVERNANCE STREAM?
<i>Please tick one:</i>
<p>CU CPD Ops. <input type="checkbox"/></p> <p>I operate in the OPERATIONAL area of the credit union (usually staff) i.e. provide advice on financial products (shares, loans or insurances) directly to credit union members or I wish to be bound by the rules of the Minimum Competency Code.</p>
<p>CU CPD Gov. <input type="checkbox"/></p> <p>I operate in the GOVERNANCE of the credit union only (volunteer) i.e. I do not provide financial products (shares, loans or insurances) directly to members and am not using CU CPD membership to comply with the Minimum Competency Code.</p>

PROFESSIONAL QUALIFICATIONS (IF APPLICABLE)
<p>Do you hold an MCC qualification (i.e. ACCUP, CUA, QFA, APA, Pathways Diploma, etc.) if so, please state which one:</p> <p>_____</p>
<p>Date qualification awarded/or to be awarded? (MM/YY)</p> <p>_____</p>
<p>Are you Grandfathered (in 2008) to provide advise to members on Insurance Products, (Yes / No) ? <input type="checkbox"/></p>
<p>Date of Grandfathering certification? (MM/YY)</p> <p>_____</p>
<p>Do you hold any other qualifications relevant to your role as a controlled function (CF)? i.e business, accounting, finance, etc. qualifications?</p> <p>_____</p>
<p>Date qualification awarded/or to be awarded? (MM/YY)</p> <p>_____</p>

Data Protection

The information provided by you on this form and generated during the course of your CPD membership may be used and disclosed by the ILCU for all purposes, which are reasonably incidental to the administration of your CPD registration and ongoing membership. Those purposes may include the disclosure of CPD hours to your employer and such other information as may be necessary to enable your employer to maintain a register of accredited individuals and for other regulatory or compliance purposes. If applicable, your information may also be disclosed to the Central Bank for Minimum Competency or Fitness & Probity Requirements. You are entitled to ask for a copy of the personal data, which the ILCU holds about you and to have any inaccuracies in such personal data corrected, amended or erased. You may do so by writing to: The Irish League of Credit Unions, 33-41 Lower Mount Street, Dublin 2.

Declaration

(i) I have read and understood the ILCU CPD Regulations (available on www.culearn.ie) and the continuing obligations pertaining thereto as may be amended from time to time. I agree to be bound by the said terms and conditions. I agree to my having a full year CPD requirement for 2017 and for each year of membership after that.

(ii) I understand that personal data relating to my CPD registration and ongoing membership will be used and disclosed by the ILCU for the purpose outlined in the Data Protection Notice above. I confirm that I have read the contents of this notice and consent to the uses and disclosures of my personal data as set out therein.

Signature : _____	Date : _____
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Please return this form via:
Email: cucpd@creditunion.ie
Fax: 00 353 (0)1 614 6764
Post: Irish League of Credit Unions
33-41 Lower Mount Street, Dublin 2