Graduate Diploma in Financial Planning Application Form 2016/2017

Educating and Developing Financial Professionals

Please use **BLOCK CAPITALS**, complete **ALL sections** of the application form, and ensure you **SIGN** and **DATE** the declaration or we will be unable to process your application.

PERSONAL DETAILS

LIA membership number* _____

Surname _____

First name _____

Date of birth (dd/mm/yy) ☐☐/☐☐/☐☐ Title Mr ☐ Mrs ☐ Ms ☐

Mobile phone number _____

Email address _____

Mother's maiden name _____ Place of birth _____

*Membership of LIA is required to apply for the Graduate Diploma in Financial Planning

WORK DETAILS

Employer name _____

Department _____

Staff number _____

Address _____

County _____ Postcode _____

Work phone number _____

HOME DETAILS

Home address

County _____ Postcode _____

Address for correspondence Work: ☐ Home: ☐

Module REGISTRATION/EXEMPTION

Module	Semester	Exemption	Registration
		€55 per module	€1,100 per module
Principles and Ethics of Personal Financial Planning	1		☐
Tax and Estate Planning	1	☐	☐
Retirement Planning	2*		
Asset Management	2*		
Financial and Risk Management	3*		
Integrated Personal Financial Planning	3*		

*The Registration Form for Semester 2 and Semester 3 will be sent to students in January 2017 and August 2017 respectively

Lecture location

Please select your chosen lecture location from below, all locations are subject to minimum numbers:

Dublin ☐ Portlaoise ☐

Final locations and times of lectures for the Graduate Diploma in Financial Planning will be subject to demand.

ENTRY REQUIREMENTS

Tick the box(es) applicable to the qualification you hold:

- ☐ Honours Business Graduate
- ☐ AITI qualified Registered Tax Consultants
- ☐ Solicitors and Barristers
- ☐ QFA with three years' relevant work experience*
- ☐ ACIIs/FCIIs
- ☐ Member of a Professional Accountancy Body (ICAI, ACCA, CIMA, ICPA)

Those applying with Entry Requirements other than QFA or the Bachelor of Financial Services must provide an original (a photocopy will not be sufficient) academic transcript

***Candidates seeking entry to the programme on the basis of the QFA must complete the Declaration of Work Experience (See page 4)**

RÉSUMÉ

Please include with this application a résumé containing a detailed description of your current position and responsibilities, and if relevant previous position(s).

EDUCATION HISTORY

Name of school/college	Start date	End date	Qualifications

Name of school/college	Start date	End date	Qualifications

REFEREES

Please give the name and contact details of two professional/academic referees who may be contacted by the College of Professional Finance in support of your application. (These referees will not be contacted without your prior consent).

Name _____

Occupation _____

Address _____

Phone _____

Email _____

Name _____

Occupation _____

Address _____

Phone _____

Email _____

Where did you hear about this programme?

- ☐ Newspaper/Magazine
- ☐ Poster
- ☐ www.lia.ie
- ☐ Promotional email
- ☐ Online ad
- ☐ Word of mouth
- ☐ Other
- ☐ LinkedIn

If 'other', please specifiy: _____

Programme fees

Upon successful acceptance onto the programme, fees will be requested in due course. Programme registration fees are €1,100 per module. Fees are nonrefundable and nontransferable.

Closing date

Closing date for receipt of relevant fees for the start of the course is:

Semester 1 Friday, 19 August 2016. Applications received after this date will be considered on a first-come, first-served basis.

Checklist

Please use this as a reference guide to ensure that you have fulfilled all the necessary requirements to apply for the Graduate Diploma in Financial Planning

- ☐ Fully completed application/registration form
- ☐ Résumé
- ☐ Official results transcripts (except for those who hold the QFA Designation or Bachelor of Financial Services Degree)
- ☐ Declaration of work experience form (for those seeking entry to the programme on the basis of the QFA (See page 4))

DECLARATION

I would like to register for the course, lectures and examination(s) (at the venue) selected above. I have read and understood the terms and conditions for registration on this course (as set on www.lia.ie) and LIA's general Terms and Conditions (available on www.lia.ie or by post on request) and I agree to be bound by these terms and conditions. I consent to LIA processing, holding and disclosing my personal data as per LIA's Privacy Statement (available on www.lia.ie or by post on request), which may change from time to time based on legal or regulatory requirements. I wish to be kept informed of other LIA products, services and related activities.

Signature _____ Date _____

Declaration of Work Experience FORM FOR QFAs

Employer	Position	Start date	End date

Description of duties – Please outline the nature of your main duties in this role

Employer	Position	Start date	End date

Description of duties – Please outline the nature of your main duties in this role

Employer	Position	Start date	End date

Description of duties – Please outline the nature of your main duties in this role

Employer	Position	Start date	End date

Description of duties – Please outline the nature of your main duties in this role

Signature of employer _____ Date _____