



INSURANCE INSTITUTE
OF EGYPT
AFFILIATED WITH C.I.I. LONDON



Chartered
Insurance
Institute

Affiliated

معهد التأمين بمصر

The Insurance Institute of Egypt

AFFILIATED WITH THE CHARTERED INSURANCE INSTITUTE OF LONDON



IIE ADMISSION & COMPLIANCE FORM

(In accordance with UK Equality Act 2010 & CII Regulatory Standards)

SECTION 1: EQUALITY & DIVERSITY (Equality Act 2010 Compliance)

The IIE and CII are committed to equal opportunities. We do not discriminate based on age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion, or sex.

- **Reasonable Adjustments:** Do you have a learning difficulty, disability, or medical condition that requires support during training or exams?
 - **Yes** (Please attach medical evidence/diagnostic report)
 - **No**
 - *Note: Requests for reasonable adjustments (e.g., extra time, large print) must be submitted at least 4 weeks before the exam date.*

SECTION 2: ATTENDANCE & PUNCTUALITY POLICY

To maintain the integrity of the CII accreditation, the following applies:

- **Minimum Attendance:** A minimum of **80% attendance** is required to qualify for the course completion certificate.
- **Punctuality:** Students arriving more than 15 minutes late will be marked as "Late." Three "Late" marks equal one "Absent" day.
- **Notification:** Any absence must be reported via email to education@iiegypt.com at least 24 hours in advance, except in emergencies.

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صندوق بريد: ١٤٩ محمد فريد - القاهرة

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customer.serv@iiegypt.com

تليفون: +٢٠٢ - ٣٣٣٥١٤١٣ +٢٠٢ - ٣٣٣٥١٤١٧ +٢٠٢ - ٣٣٣٥١٤٣٤

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SECTION 3: REFUND & CANCELLATION POLICY

By signing this form, you agree to the following financial terms:

- **CII Exam Fees (UK):** Once paid to the CII (UK), exam and membership fees are **Non-Refundable** and **Non-Transferable** as per CII global policy.
- **IIE Course Fees (Local):**
 - **Full Refund:** If the cancellation request is submitted **7 working days before** the course start date.
 - **Partial Refund (50%):** If the request is submitted **within the first 2 sessions** of the course.
 - **No Refund:** No refunds will be issued after the **third session** or for "No-Show" students.
- **Course Cancellation:** If IIE cancels a course due to low enrollment, a **100% refund** or credit for a future course will be offered.

SECTION 4: CONDUCT & DISCIPLINARY POLICY

By signing this form, you agree to the **CII Code of Professional Ethics** and IIE Conduct Rules:

- **Academic Integrity:** Zero tolerance for plagiarism, cheating, or unauthorized sharing of exam materials.
- **Professional Behavior:** Respectful interaction with instructors and peers. Any form of harassment or bullying (online or offline) will lead to immediate expulsion without refund.
- **Property:** Any damage to IIE facilities or unauthorized use of digital materials is strictly prohibited.

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SECTION 5: COMPLAINTS & APPEALS PROCESS

The IIE ensures a fair process for addressing grievances:

1. **Informal Resolution:** Discuss the issue with your instructor or the Course Coordinator.
2. **Formal Complaint:** If unresolved, submit a written complaint to the **Director of Education** within 7 working days of the incident.
3. **CII Escalation:** If the complaint relates to a CII exam outcome and remains unresolved by IIE, you have the right to appeal directly to the **CII Exams Department (UK)**.

SECTION 6: DATA PRIVACY & LEGAL DECLARATION

- I confirm that I have read and understood the **Attendance, Conduct, and Complaints policies**.
- I consent to the processing of my sensitive personal data for the purpose of providing **Reasonable Adjustments** under the Equality Act 2010.
- I acknowledge that my records will be stored for **5 years** and may be audited by CII external quality assurers.

Applicant Signature: _____ **Date:** ____ / ____ / 202X

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IIE ADMISSION APPLICATION FORM

(Affiliated with the Chartered Insurance Institute – UK)

SECTION 1: PERSONAL IDENTIFICATION (CII Standard)

- Full Name (as per Passport): _____
- Date of Birth (DD/MM/YYYY): _____ Gender: []
- National ID / Passport Number: _____
- CII PIN (If previously registered): _____
(Essential for tracking your learning record globally)

SECTION 2: CONTACT & COMMUNICATION

- Personal Email: _____ (Primary for exam results)
- Mobile Number: _____
- Alternative No: _____
- Mailing Address: _____
- City: _____ Postal Code: _____ Country: Egypt

SECTION 3: PROFESSIONAL & EDUCATIONAL STATUS

- Highest Qualification Held: _____
- Current Employer: _____ Job Title: _____
- Employer Address: _____
- Sponsorship Status: [] Self-Funded [] Company-Sponsored
(Note: If sponsored, a formal Letter of Undertaking from the company is required)

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SECTION 4: COURSE & UNIT SELECTION

Please specify the CII Unit(s) you are enrolling for.

1. Unit Code: _____ Unit Title: _____ Study Mode: ☐ Class ☐ Self
2. Unit Code: _____ Unit Title: _____ Study Mode: ☐ Class ☐ Self

SECTION 5: DATA PROTECTION & PRIVACY (CII & GDPR COMPLIANCE)

The IIE and CII take your privacy seriously. Please initial each box to confirm:

- **International Data Transfer:** I consent to the transfer of my personal data (Name, ID, Contact) to **CII UK** for registration, examination booking, and certification purposes.
- **Employer Result Sharing:** I authorize IIE to share my examination results and attendance records with my employer (Mandatory if company-sponsored).
- **Data Retention:** I acknowledge that my records (Physical & Digital) will be stored securely for **5 years** after my last interaction with the Institute.
- **Sensitive Data:** I consent to the processing of any special requirements (e.g., medical conditions for exam accommodations) if disclosed.

SECTION 6: TERMS, CONDITIONS & ETHICS

By signing this form, I agree to:

1. **CII Code of Ethics:** Abide by the ethical standards of the insurance profession.
2. **Exam Regulations:** Strictly follow the rules for online/offline exams; any cheating or plagiarism will result in immediate disqualification.

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3. **Refund Policy:** I have read and accepted the IIE/CII refund and cancellation deadlines.
4. **Accuracy:** I certify that all information provided is accurate.

SECTION 7: SIGNATURES

- Applicant

Signature: _____ Date: _____

- Authorized Official

(IIE): _____ Date: _____

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