



Application for Registration as an Chartered Tax Adviser (CTA) Student 2019

Personal Details

Title: _____ Surname: _____ First Name: _____

Address: _____

Work Telephone Number: _____ Mobile Telephone Number: _____

E-mail Address:

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(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

Our Data Protection Policy, which can be found at <http://taxinstitute.ie/Legal/PrivacyPolicy.aspx>, explains how we collect and use your personal data. It also explains your rights in connection with your personal data.

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 and Regulations 2018/2019 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 Summer 2019 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 2018/2019 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 Summer 2019 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

Blended delivery — Dublin

Online Only

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:

June 2019 (Dublin Only)

Examination

Please select the Examination sitting you intend to present for:

Autumn 2019

1st Preference: Dublin Cork

2nd Preference: Dublin Cork

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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- (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 2018/2019 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 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 Summer 2019 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"/> €117.50
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: _____