

Personal Details			
Title:	_Surname:	First Name:	
Address:			
Work Telephone Number:_		Mobile Telephone Number:	
E-mail Address:			
(A VALID E-MAIL ADDRESS IS MAND			
Employment details	s (if not submitte	d with student registration form)	
Fees paid by	Self	Employer	
Are you currently employed?	? Yes	No	
Are you working in tax?	Yes	No	
Company name:			
Which of the following descr	ribes your current emplo	yer (circle as appropriate)	
Big 4 / Small / Medium pract	tice / Large practice / Ind	dustry / Other (please specify):	
Course Details			
Please tick as appropriate	:		
Venue: Dublin	Online		
Qualifications			
List the professional and a	cademic qualifications	held	
Qualification		Awarding body	Year
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Have you previously registed	ered as a student with	the Irish Tax Institute? Yes No No	

Data Protection

Our Data Protection Policy, which can be found at https://taxinstitute.ie/about-us/legal-and-data-policies/data-protection-policy, 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 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.

Declaration

I have read and understand the Irish Tax Institute's Diploma in Tax Course Information & Regulations 2019/2020 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 Diploma in Tax Assessment. I have given the information required of me by the Education Committee.

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	(co	mpleted mandate attached)	
Cheque	(ma	ade payable to the Irish Tax Institute)	
Credit / Debit Card			
MasterCard [Visa	Visa Debit	
Card No.:			Expiry Date:
Card Holder:			CVC:
Signature:			

For office use only:
Student number:
Approved for Education by: