

Insolvency Administration Course Application form

Surname:			First:	First:			
Firm:							
Firm Address	s:						
	City:		Province:	Postal Code:			
	Business Telephone: (<u>) </u>	ax Number: ()			
	Email*:						
*	All students	must provide a v	alid email address	for correspondenc	е.		
Language: [] English	[] French		ou will complete [] Frer			
Work Exper	ience:						
extra sheet if re information on o	quired). (This i	nformation will be ent).	ur level of responsib kept in your student f	ile and is strictly to pr			
Employmen	t History:			1			
Firm		Position		From (date):	To (date):		
					+		
Course Fees							
residents) NL, NS a); \$1149.75 fo nd PEI reside						
□ Please ch	□ Please charge my credit card : Card # □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□						
□ VIS	SA	☐ Mastercar	d				
Expiry Date:/ Name of cardholder as it appears on the card:							

Please mail the completed application with payment to: CAIRP, 277 Wellington Street West, Toronto, ON M5V 3H2, or by e-mail to: benjamin.lecointre@cairp.ca in attention of Benjamin Lecointre.

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Students' Declaration:	
I,, hereby apply for registra agree to complete the online studies in a timely and profess and Guidelines. I agree to give immediate notice to the As I undertake not to apply to take the exam without having procourse.	sional manner, in accordance with the Course Policy sociation of any change of address, firm, or employer.
I further give my personal undertaking that I will safeguard confidentiality of the online Competency Assessments. I for view the online assignments either directly or indirectly, throcourse material and Competency Assessments are and remote be copied or reproduced.	urther declare that I will not allow any other person to bugh use of my password and I acknowledge that the
I understand that this course will not lead to acceptance int by the Association, nor will it exempt me from the normal p that the foregoing is a true and correct record of my busine	ore-requisites to enter that program. I further declare
Applicant's Signature:	Date:
Sponsor's Declaration: I, declare that I an	n a member in good standing of the Canadian
Association of Insolvency and Restructuring Professionals responsibilities as the sponsor of	and I hereby give my personal undertaking to fulfil my
OR (For OSB students) I,, declare that I ar standing and am employed by Industry Canada, B undertaking to fulfil my responsibilities as the sponsor also employed by the Office of the Superintendent or	of , who is
I undertake to monitor my student's participation in the onl review and discuss any lessons as necessary. I understa student follows the course in a timely and professional n Guidelines, which I have read and reviewed with my stude exam while in my employ without having successfully compared to the course of	and that I am solely responsible for ensuring that my nanner, in accordance with the Course Policy and ent. I will not permit him/her to apply to take the final
I understand that sponsors are no longer required to persone to insure that I am receiving regular email updates from assignment. I give my personal undertaking that I will safeg the confidentiality of the online Competency Assessments person to monitor the online progress of my student I continue in my duties as sponsor, shall notify the Ass sponsor can be approved.	the online host (D2L) as my student completes each uard the password given to me by D2L and maintain I further declare that I will not allow any other by using my password and should I be unable to
Finally, I acknowledge that the lessons and online Competer Association and that they may not be copied or reproduced	
Sponsor Signature	Date
Sponsor Name (please print)	Firm Name (please print)

¹ Only direct employees of members are eligible; as per the Admission Requirements this course is NOT open to the general public including third-party employees or contracted credit-counselling firms.