

Insolvency Administration Course Application form

Surname: _____ First: _____

Firm: _____

Firm Address: _____

City: _____ Province: _____ Postal Code: _____

Business Telephone: (____) _____ Fax Number: (____) _____

Email*: _____

*** All students must provide a valid email address for correspondence.**

Language: [] English [] French

Work Experience:

Summarize your work experience in insolvency, describing your present position and the nature and size of assignments on which you have worked, your level of responsibilities and description of duties (attach extra sheet if required). (This information will be kept in your student file and is strictly to provide background information on each new student).

Number of years/months of work in insolvency: ____ yrs/ ____ months

Employment History:

Firm	Position	From (date):	To (date):

Course Fees:

- Enclosed is a **cheque** for **\$945.00** (for AB, BC, SK and MB residents); **\$1034.78** for Quebec residents; **\$1017.00** for ON residents; **\$1035.00** for NB, NL, NS and PEI residents, made payable to CAIRP.

GST registration # 10076 6393 RT QST registration # 1013124210

- Please charge my **credit card**: Card #

VISA Mastercard

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: katrina.tsoulis@cairp.ca, or by facsimile at: **416-204-3410**, in attention of **Katrina Tsoulis**.

Students' Declaration:

I, _____, hereby apply for registration in CAIRP's Insolvency Administration course. I agree to complete the online studies in a timely and professional manner, in accordance with the **Course Policy and Guidelines**. I agree to give immediate notice to the Association of any change of address, firm, or employer. I undertake not to apply to take the exam without having properly and successfully completed the nineteen-module course.

I further give my personal undertaking that I will **safeguard the password** given to me by D2L and maintain the confidentiality of the online Competency Assessments. I further declare that I will not allow any other person to view the online assignments either directly or indirectly, through use of my password and I acknowledge that the course material and Competency Assessments are and remain the property of the Association and that they may not be copied or reproduced.

I understand that this course will not lead to acceptance into the CIRP Qualification Program (CQP) also offered by the Association, nor will it exempt me from the normal pre-requisites to enter that program. I further declare that the foregoing is a true and correct record of my business experience.

Applicant's Signature: _____ **Date:** _____

Sponsor's Declaration:

I, _____, declare that I am a **member in good standing** of the Canadian Association of Insolvency and Restructuring Professionals and I hereby give my personal undertaking to fulfil my responsibilities as the sponsor of _____, who is employed in my office¹ and has been so employed since _____.

OR (For OSB students)

I, _____, declare that I am a **Licensed Insolvency Trustee in good standing** and am employed by **Industry Canada, Bankruptcy Branch**. I hereby give my personal undertaking to fulfil my responsibilities as the sponsor of _____, who is also employed by the Office of the Superintendent of Bankruptcy, and has been so employed since _____.

I undertake to monitor my student's participation in the online course, making myself available to my student to review and discuss any lessons as necessary. I understand that I am solely responsible for ensuring that my student follows the course in a timely and professional manner, in accordance with the **Course Policy and Guidelines**, which I have read and reviewed with my student. I will not permit him/her to apply to take the final exam while in my employ without having successfully completed all of the assignments.

I understand that sponsors are required to personally mark assignments 8 and 9 therefore, it is incumbent on me to ensure that I am notified by my student as he/she completes each assignment. I give my personal undertaking that I will **safeguard the password** given to me by D2L and maintain the confidentiality of the online Competency Assessments. **I further declare that I will not allow any other person to monitor the online progress of my student by using my password and should I be unable to continue in my duties as sponsor, shall notify the Association immediately in writing so a replacement sponsor can be approved.**

Finally, I acknowledge that the lessons and online Competency Assessments are and remain the property of the Association and that they may not be copied or reproduced.

Sponsor Signature

Date

Sponsor Name (please print)

Firm Name (please print)

Sponsor e-mail address (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.