Digital / Supply Chain Risk Management Certificate Re-sit Form



June 2023

website

Please complete the form and return to studentqueries@theirm.org, you will receive an invoice within two working days from submission.

1 Section 1 – Personal Details & Contact Information												
Family Name:		Title: Mr	Mrs	Miss	Dr	Prof Othe	er					
First Names:		Date of Birth:										
IRM Membership No.:												
Personal Contact Details: Business Contact Details:												
		Employer:										
Address:		Address:										
Town:		Town:										
County / State:		County / Sta	ate:									
Postcode:		Postcode:										
Country:		Country:										
Email:		Email:										
Telephone:		Telephone:										
Mobile:		Mobile:										
Preferred Correspondence Details: Personal A	ddress 🗆					Business Address						
Personal I	Email					Business Email						
2 Section 2 – Examination session												
Please indicate which exam you wish to re-sit the exa	ım:											
Deadline: 10/03/2023												
Please note: You must enrol and pay before the above date to enrol for the relevant session.												
3 Section 3 – Additional Needs												
Special Arrangements: I wish to make an application for Special Access Arrangements												
Note: You must complete a separate Special Arrangements Application Form and attach it to this enrolment form. You will find a copy on the IRM												

4	Section	i 4 – Data Protectioi	1 & Privacy								
IRM will ensure that your personal data is processed in line with Data Protection legislation and IRM's Data Protection & Privacy Statement (Available on IRM's website). In submitting this application you are deemed to have consented to IRM processing your data											
Sharing Your Data with Third Parties IRM will never sell your data to third parties for commercial gain. However, we may have to share your data with third parties who provide products and services that complement those offered by IRM Please let us know if you consent to using your data in this way.											
Sharing Information with Your Employer Please indicate if, upon request, we are able to provide your employer with details of your examination record and accreditation, including all attempts and future entries. Yes No											
Privacy & Electronic Communications Regulations IRM may from time to time wish to draw your attention to other IRM products and services electronically which are likely to be of interest to you. Please indicate if you consent to us using your data in this way. Yes No											
5	Section	5 – Fees Payable									
A re-sit fee of £175 or £125 for Low GDP countries is payable and can be paid in one of the following ways*.											
Bank T	ransfer										
		Bank Name:	Lloyds	Account Name:	Institute of Risk Ma	nagement					
		Branch:	Fenchurch Street	IBAN:	GB46LOYD30932300748112						
		Sort Code:	30 – 93 – 23	Swift Code:	LOYDGB21009						
		Account Number:	00748112	Reference:	Your IRM membership number						
Credit (Card	To pay by credit card	please telephone us on +44 (0) 20 7709 4125	with your card details W.	e accent Visa/						
		Mastercard/American		With your ourd details . W	c docept visar						
		You are strongly adv	rised not to send credit card information by	email							
*Pleas	se ensu	re your application	has been processed and an invoice r	eceived before makir	ng payment.						
6	Section	6 - Declaration									
I declare that all information provided by me on this form is true and correct to the best of my knowledge. I further declare that:											
•	I agre	e to abide by IRM's exa	le by IRM's Code of Conduct mination rules and regulations								
•			for my own purposes and will not sell, copy len 's qualifications terms and conditions of busine								
 I understand that I am enrolling for the June 2023 exam session as stated in application and that IRM do not offer deferrals or postponement of exams 											
 I understand that if successful in my examinations, IRM reserves the right to publish my name. I give permission for the IRM to provide my personal details to Pearson Vue in order to facilitate the selection of my test centre and the processing of my test results for the online exam. 											
	proce		ior the orinine exam.								
A == = !! :	ant Signa	,	or the online exam.	Date:							