



# Digital Risk Management Certificate

## Re-sit Form

### June 2021 Examinations

#### For Office Use Only

Date received:

Ackn. Date:

EDU:

Membership Number:





### 1 Section 1 – Personal Details & Contact Information

Family Name:  Title: Mr  Mrs  Miss  Dr  Prof  Other

First Names:  Date of Birth:

IRM Membership No.:

#### Personal Contact Details:

Address:

Town:

County / State:

Postcode:

Country:

Email:

Telephone:

Mobile:

#### Business Contact Details:

Employer:

Address:

Town:

County / State:

Postcode:

Country:

Email:

Telephone:

Mobile:

Preferred Correspondence Details:  Personal Address  Business Address

Personal Email  Business Email

### 2 Section 2 – Examination session

Please indicate which exam session you wish to re-sit the exam:

#### Deadlines:

**June Session - 10/04/2021**

**Please note: You must enrol and pay before the above dates 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 website

Family Names (office use):

First Names (office use):

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.

Yes

No

#### 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

A re-sit fee of **£175** is payable and can be paid in one of the following ways:

#### Bank Transfer

Bank Name: Lloyds  
 Branch: Fenchurch Street  
 Sort Code: 30 – 93 – 23  
 Account Number: 00748112

Account Name: Institute of Risk Management  
 IBAN: GB46LOYD30932300748112  
 Swift Code: LOYDGB21009  
 Reference:

#### Credit Card

To pay by credit card, please telephone us on +44 (0) 20 7709 9808 with your card details . We accept Visa/Mastercard/American express only.

**You are strongly advised not to send credit card information by email**

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 have read and agree to abide by IRM's Code of Conduct
- I agree to abide by IRM's examination rules and regulations
- I will use the study materials for my own purposes and will not sell, copy lend or give them to anyone else
- I have read and agree to IRM's qualifications terms and conditions of business including my right of cancellation
- I understand that I am enrolling for the 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.

Applicant Signature:

Date:

**ALL RE-SIT FEES MUST BE PAID BY 10/04/2021 – NO RE-SITS WILL BE ACCEPTED AFTER THIS DATE.**