

[For Associates of the Institute to progress to Member grade]

Name _____

Title _____

IRPM Associate N° _____

Home Address _____

Post Code _____

(Please note that all post correspondence, including results, will be sent to the address above)

Daytime tel no _____

E-mail _____

Employer _____

I would like to sit the IRPM Part II examination on _____ in:-

London

Midlands

Scotland

N.B. In certain circumstances and subject to demand we will endeavour to arrange alternative location(s) if travel to either of the above proves a great inconvenience. If this is the case please indicate your town or region of preference below.

Declaration: Please contact us with information about any special support or circumstances which the CIH should be aware of in respect helping you to take this examination.

E.g. Size of print, access to the examination room.

CLOSING DATE FOR APPLICATIONS FRIDAY 6 APRIL 2012

(Continued over)

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Please direct all booking enquires to Lynda Duke at CIH on 02476 851 754

Please complete the payment details below and return your form by:

Post: Education Department, CIH, Octavia House, Westwood Way, CV4 8JP.
Fax: 02476 695110
E-mail: IRPM@cih.org

Bank details for BACS Transfer:

Account number: 50177628
Sort code: 20-23-55

Examination Fees:

First sitting of Part II examination £350.00 (VAT not applicable)

Retake of Part II examination £55.00 (VAT not applicable)

Please tick method of payment and delete as appropriate:

I enclose a cheque for £350/£55 made payable to the Chartered Institute of Housing

I will make a BAC transfer for £350/£55 to the Chartered Institute of Housing

I would like to pay £350/£55 by Credit/Debit card. Please contact Lynda on 02476 851 754

Please send an invoice for £350/£55 to the address below:

Contact and invoice address:

Signature:

Position:

Date: