

COVID-19 FEE WAIVER APPLICATION

The CIOB is temporarily waiving the Professional Review and Fellowship fees for those who are experiencing financial hardship as a result of the COVID-19 pandemic. This applies to applications for Chartered Membership or Fellowship and is available to members in grades: Applicant, Associate, Incorporated and Member as well as those joining through the Direct Fellowship route. The deadline for submission of this waiver is 28th February 2021; this date will be regularly reviewed should the COVID-19 situation change.

Please indicate the fee you are applying for to be waived:

Professional Review Workshop & Assessment Fee

*including NVQ 7 PR fee

Fellowship Workshop & Assessment Fee

Name:

Membership No:

(if applicable)

Date of Birth:

(dd/mm/yyyy)

E-mail Address:

Please select one of the following options that best describes your current financial hardship circumstance:

Furloughed (on a reduced salary)*

Salary or Pay Reduction*

Laid off

Redundancy*

Other

If other, please outline your circumstances:

***please note that evidence must accompany your application**

CANDIDATE'S DECLARATION

By submitting this application, you confirm that:

- I understand that I must submit evidence to support my application based on the indicated criteria chose above
- I understand that the fee waiver does not apply retrospectively to any previous fees paid
- I understand that the fee waiver does not apply to membership subscriptions
- I declare that any statement contained herein, which is known by me to be false, may invalidate this application and may contravene the CIOB's Bye-Laws and rules governing the professional conduct of membership and thus lead to formal disciplinary proceedings
- I understand that I may only apply for a fee waiver once, and only for the option I have selected above
- I understand that waiving of the nominated fee is on an individual basis and at the discretion of the CIOB, and is not guaranteed until this application has been reviewed and confirmation has been provided
- I understand and acknowledge that if the COVID-19 situation changes, the CIOB may withdraw or extend the offer of a waiver at anytime.

APPLICATION INFORMATION

The CIOB will process the information given to assist with the continuance of your CIOB membership journey. Any information provided will remain private and confidential at all times and will only be used in connection with the assessment of providing you with a fee waiver.

I confirm and agree to the above

Signature:

Date:

Please enter your full name