

GLASGOW



CALEDONIAN

UNIVERSITY

Application for
Certificate in Captive Insurance
Management

Division of Risk

(PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS)

TITLE MR/MISS/MS/MRS.....

NAME IN FULL

DATE OF BIRTH/...../.....

ADDRESS

.....

.....

.....

..... **POST CODE**

PHONE NUMBER (HOME)

PHONE NUMBER (WORK)

CURRENT EMPLOYMENT

Name and address of employer

.....

.....

Date started/...../.....

Title of post

Brief description of duties

.....

.....

.....

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.....

.....

EDUCATION

DATES FROM/TO	ESTABLISHMENT NAME & LOCATION	COURSES & QUALIFICATIONS ACHIEVED

EMPLOYMENT HISTORY

DATES FROM/TO	EMPLOYER NAME & LOCATION	TITLE OF POST AND DUTIES

ANY OTHER INFORMATION WE SHOULD KNOW

.....
.....
.....
.....
.....

WHO WILL BE PAYING YOUR COURSE FEES

Signed

Date/...../.....

Please complete and return application form to:

**Bob Davidson
Module Leader Certificate in Captive Insurance Management
Britannia Building, Room B016
Glasgow Caledonian University, Glasgow, G4 0BA
Tel 0141 331 8575
Fax 0141 331 3229**