

Exemption request form

The **IAM** cannot consider exemptions or provide advice on exemptions unless made on this form and accompanied by the appropriate fee. Exemptions are considered against the criteria and list of qualifications set out in our Exemption policy document.

Please ensure you have read this document prior to completing this form.

Section A

Please use block letters:

| Surname: | | |
|--|----------------|--|
| Other names: | | |
| Title (delete as appropriate): Mr / Mrs / Miss / Ms / Other: | | |
| Address (Address must be cardholder's): | | |
| | | |
| | | |
| Country: | Postcode /Zip: | |
| Telephone: | Email: | |
| Membership Number: | | |

Section B

I wish to claim exemption form the following modules:

| Qualification | Module | Requested (tick as appropriate) | Granted (Official use only) |
|---|---|---------------------------------------|-----------------------------------|
| Level 3 Certificate in Administrative Management | Inside Organisations | | |
| | Working with People | | |
| | Administrative Practice | | |
| Level 4 Diploma in Administrative Management | People in Organisations | | |
| | Administrative Systems & Processes | | |
| | Professional Administration | | |
| | Information for Decision Making | | |
| | Case Study 1 or Project Report 1 | | |
| Level 5 Advanced Diploma in Administrative Management | Administrative Systems in the Organisation | | |
| | Strategic Issues in Administration | | |
| | Administrative Management of Resources | | |
| | HR Management & Practice | | |
| | Case Study 2 or Project Report 2 | | |



Section C

Existing qualifications not currently on exemption list:

| Qualification title | Awarding body | Examination pass date | Supporting documents attached |
|---------------------|---------------|--------------------------|-------------------------------------|
| | | | |
| | | | |

Check list

Have you included the following documentation?

| Syllabus | |
|----------------------------------|--|
| Assessment details/sample papers | |
| Qualification certificate(s) | |
| Payment | |

Section D

I enclose a remittance for: £____

Cheque/Bankers Draft

(payable to 'The Institute of Administrative Management')

| Debit card: Delta VISA | Solo Switch | |
|---|---|--|
| Switch only: Issue No: Start Date: | | |
| VISA | Mastercard | |
| Card No: Expiry Date: Security No: | / / / / (Last 3 numbers on reverse of card) | |
| Signature: | Date: | |
| Return to: Examinations Office, IAM, 6 Graphite Square, Vauxhall Walk, London, UK, SE11 5EE Fax: +44 (0)20 7091 2619 | | |

Email: info@instam.org

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