



The Insurance Institute of Uganda

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Application for CPD Recognition

Activity: (please tick)

<input type="checkbox"/> Seminar/ Workshop	<input type="checkbox"/> Materials Development/ Research
<input type="checkbox"/> International Conference	<input type="checkbox"/> Writing Articles
<input type="checkbox"/> Lecturing	<input type="checkbox"/> Professional forums

Section A Personal Details

Name:

IIU ID No.

Gender: Male Female

Employer:

Position:

Tel: **Email**

Section B CPD Details

Name of the Activity:

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Date of the Activity:

Name of the Provider:

Name of the Trainer:

Duration of the Programme Hours Days

Was the Training Assessed? Yes No

Briefly describe how the training was relevant to your current job

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Signed this day of..... 20.....

Signature: