

## Reduced Rate Application Form

A Reduced Rate of £120 is available to any professional member who has held at least one year of membership with CIM, and who meet one of the criteria outlined below. Supporting documentation is to be submitted along with this form, and must be received by CIM within one month of the renewal date. Your application will be assessed and you will be notified of the outcome within five working days.

Personal Details	
Dr Mr Mrs Ms Miss	Mx Other:
First name	Family name
Email address	Telephone number
CIM membership number	Membership grade Date
Renewal month	Date out of employment to
Application Criteria	
Criteria for Reduced Rate application:	
Maternity/Paternity leave Redundancy Illne	ess Full-time student Other:
Documentation attached as evidence:	
MATB1 Redundancy notificati	on Confirmation of job seekers allowance
P45 Confirmation of enroln	nent to study Other
CPD Year Break	
, , , , , , , , , , , , , , , , , , , ,	aternity leave or illness, you may also be eligible for a CPD year break. ill be assessed along with your reduced rate application. If you have a indicate below. Further information may be required.
Please note that a CPD year break is not available for redur CPD platform via your MyCIM account.	ndancy, and CPD is to be recorded in the usual way within the online
I believe I am eligible for a CPD year break and would lik	e to apply
I would like to apply for a CPD Year Break due to the foll	owing reason, not listed:
Declaration	
I confirm that the information supplied in support of my app form to CIM, acts as my signature. Click here to view <b>CIM's p</b>	olication is correct and that detailing my name below and emailing this privacy policy.
Signature	Date
This form, along with your supporting evidence, should be e	mailed to: reducedrate@cim.co.uk

Alternatively, post to: Customer Experience, CIM, Moor Hall, Cookham, Berkshire, SL6 9QH, UK