

APPENDIX

EXPRESSION OF INTEREST FORM

**POSITIONS ON A PANEL FROM WHICH PIPS COMPLAINTS
COMMITTEES MAY BE APPOINTED**

First Name	
Surname	
Gender	
Address	
Correspondence Address (If different from Address)	
E-Mail Address	
Work Phone Number	
Home Phone Number	
Mobile Phone Number	
Profession/Occupation	

Employment Record

Give below, in date order (starting with your current employment), full particulars of all employment (including any periods of unemployment) during the past 15 years.

Title of Post Held	Period in the Post [In months – and state From and To dates]	Description of Duties

Academic/Professional/Technical Qualifications

Give below full particulars of all academic, professional and technical qualifications you hold.

Full Title of Degree(s)/ Qualifications(s) Held	Date Obtained	Qualification Details

Experience/Qualifications

In the spaces provided below please provide details of your experience/qualifications of regulatory systems, review and redress mechanisms and fair procedures.

Regulatory Systems**Review and Redress Mechanisms****Fair Procedures**

Knowledge of the Personal Insolvency Act 2012 and Regulations made under that Act

Other Information

In the space below please provide any other information you wish in support of your expression of interest.

I hereby confirm that I have not and do not intend to apply to the Insolvency Service of Ireland to be authorised as a Personal Insolvency Practitioner (PIP) or Authorised Intermediary (AI):

Signature _____

Date _____