**RISC Organisation Registration** Application Form

**International Register of Compliance Professionals**  
*For Managers, Administrators, Internal Auditors, Lead Auditors, and Inspectors*

**SECTION 1: Applicant Details**

*(Please complete all fields in BLOCK CAPITALS)*

**Full Name:**  
[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**Date of Birth:**  
[***/***/\_\_\_\_\_\_\_\_] (DD/MM/YYYY)

**Current Job Title:**  
[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**Organisation (if applicable):**  
[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**Email Address:**  
[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**Contact Telephone Number:**  
[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**SECTION 2: Registration Pathway**

*Please indicate your registration route (tick one):*

☐ **TIC Academy Course/Bundle/Professional Examination Completion**  
Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date Completed: **/**/\_\_\_\_\_\_\_

☐ **Direct Entry (Qualifications/Experience)**  
Please complete Section 3 below.

**SECTION 3: Qualifications and Experience (Direct Entry)**

*Provide details of your relevant qualifications and experience.*

**Qualification Title** (use TIC Academy Professional Sector Examination if none)**:**  
 ***Awarding Body:***  
**Date(s) Awarded:** **/**/\_\_\_\_\_\_\_

**Relevant Experience (Role, Organisation, Dates):**

*Please continue on separate sheet and remember to attach copies of certificates or evidence of qualifications and/or experience.*

**SECTION 4: Professional Role for Registration**

*Please indicate the role(s) you wish to register under (only one per application):*

☐ Compliance Manager  
☐ Compliance Administrator  
☐ Internal Auditor  
☐ Lead Auditor  
☐ Inspector

**SECTION 5: Declaration & Consent**

I hereby declare that the information provided in this application is **true and accurate** to the best of my knowledge. I understand that submission of false or misleading information may result in **withdrawal of registration**.

I consent to the **processing and storage of my personal data** by The RISC Organisation for the purpose of registration, in accordance with applicable data protection laws\*.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** **/**/\_\_\_\_\_\_\_

**SECTION 6: Submission Instructions**

Please submit this completed form with supporting documentation to:  
📧 **Email:** riscorganisation@gmail.com  
📎 **Attachments Required:**

* Copy of qualification certificate(s)
* Evidence of experience (CV etc.)
* Proof of course completion(s) (if TIC Academy route)

**NEXT STEPS**

Once your application is reviewed, you will be notified of the outcome and, if successful, provided with:

*For Office use only:*

✔️ **Registered Affiliate Certificate**

✔️ **Registered Professional Certificate in Grade ( )**  
✔️ **Listing on the RISC Organisation Register**  
✔️ Instructions for annual renewal and CPD opportunities

**\* Data Protection and Privacy Statement**

By submitting this form, you consent to the use of your personal data for registration purposes, in line with applicable data protection laws including EU GDPR and US privacy regulations. Your information will be securely processed and not shared without consent, except as required by law. You have the right to request access, correction, or deletion of your personal data at any time by contacting The RISC Organisation.