

## APPENDIX B

### Application for Pro-Rata Adjustment of CPD Requirements

Name: \_\_\_\_\_ LIA Membership No: \_\_\_\_\_

Email address for confirmation purposes: \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_

Reason for application: Maternity: ☐ Illness: ☐ Other (please specify) \_\_\_\_\_

**Maternity Leave** (maximum 26 weeks statutory leave and 16 weeks unpaid leave) from:

\_\_\_\_\_ to: \_\_\_\_\_

**Illness** (two months or more) from: \_\_\_\_\_ to: \_\_\_\_\_

#### Other leave including Adoptive Leave/Carer's Leave/Parental Leave

from: \_\_\_\_\_ to: \_\_\_\_\_

In the case of parental leave: How many children 12 years of age or younger: (Maximum statutory 22 weeks per child in a 12 month period)

*LIA require either a doctor's report, letter from employer or alternatively a signature from your employer/line manager below, to confirm the above leave.*

Doctors Report attached (required for illness): Yes ☐ No ☐  
Letter from Employer attached (required for all): Yes ☐ No ☐

Signature of Employer / Line Manager: \_\_\_\_\_ Print name (Employer / Line Manager): \_\_\_\_\_

Signature (Member): \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

*Please return by: **Email:** [cpd@lia.ie](mailto:cpd@lia.ie) **Post:** LIA, LIA House, CPD Pro-Rata Team, 183 Kimmage Road West, Dublin 12.*