To be sent back to the House of Training-ATTF contact in your country

**By 19 July 2022**

Please be aware that only **fully completed forms** will be considered.

Please save your application in the following format:

**Country name\_Family name\_CISM\_2022**

**APPLICATION FORM**

**preparation course To THE Certified Information Security Manager® (CISM®) Examination**

**Online Programme**

|  |  |
| --- | --- |
| **Dates** | **Online course: 7, 9, 14 & 16 November 2022 from 08.30 to 12.30 (CET) - 4 sessions of 4 hours****Exam:** to be taken before 31 December 2022 (registration by the candidate directly with ISACA) |

PERSONAL INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  Mr [ ]  Ms  |  |  |  |  |  |

 |
| First name |  |
| Last name |  |
| Company  |  |
| Position  |  |
| Country  |  |
| Email\* |  |
| \* This **must** be the email address with which the candidate will attend the online course.  |

**ENGLISH LANGUAGE COMMAND**

Faculty of handling the language. Please mark from 1 *(poor)* to 5 *(excellent)*:

|  |  |  |
| --- | --- | --- |
| Understanding | Speaking | Writing |
|  |  |  |

If you have an international language certification (Common European Framework of Reference (CEFR), Cambridge (CEC), TOEFL, etc.), please note your level:

|  |
| --- |
|  |

STUDIES

Please start with last attended institution and proceed in reverse chronological order.

|  |  |  |
| --- | --- | --- |
| Name and location of the school / university | Years of study:from - to | Majors subjects |
|  |  |  |
|  |  |  |
|  |  |  |

Trainings Attended (related to this course)

|  |  |  |
| --- | --- | --- |
| Institution | Subject | Duration |
|  |  |  |
|  |  |  |
|  |  |  |

**Have you already attended the ATTF course “Cyber and Information Security Management” ?** 🞎 YES 🞎 NO

INFORMATION SECURITY MANAGEMENT EXPERIENCE

To qualify for CISM, you must have **5 years of information security management work** **experience** within the past 10 years of the application submission date. Experience must be earned in three of the four CISM Job Practice Domain to qualify:

Domain 1: Information Security Governance

Domain 2: Information Risk Management

Domain 3: Information Security Program Development and Management

Domain 4: Information Security Incident Management

*(see details of each domain tasks at the end of this document)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Dates of Employment | Duration of experience | CISM Job Practice Domain (check all that apply) |
| # | Company name | Start Date | End Date | Years | Months | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**EXPERIENCE TOTAL**:\_\_\_\_\_\_\_

Explain your **motivations** to apply for this training course and the exam. (max 120 words)

*This question is mandatory. If you do not explain your motivations, your application will not be considered.*

**Please indicate the address we should indicate in the invoice for the contribution fees that we will send to you if you are selected for this training:**

|  |  |
| --- | --- |
| **Company** |  |
| **Address** |  |
| **VAT***Please mention the VAT number (international format) of your company if applicable.* |  |

[ ]  I would like to attend this online programme and declare that:

* I have the following necessary technical equipment to participate fully in the course: a PC, stable internet connection, microphone and a webcam; and I will keep my webcam on to promote interaction.
* I have read the course content, will attend all the sessions of the course and will make sure I am free of any professional and personal obligation during the course.
* If I am not able to be present at some point, I will immediately inform the House of Training (or the trainer if the coursre has already started) and its partner in my country.
* I am aware of the volume of personal work to be provided in order to succeed at the exam and will dedicate the required amount of time to prepare myself accordingly.
* I am aware that during the sessions pictures may be taken by the organizer (with prior announcement), for advertising purposes (i.e.g. social media posting). If I do not want to appear on the pictures, I will make sure I switch off my webcam when the organizer announces the photography.

*By sending your application form you acknowledge that the House of Training is processing your personal data in order to organise your training. The House of Training is fully committed to the collection and treatment of your personal data in accordance with the General Data Protection Regulation (EU) 2016/679 (GDPR). You have the right to ask the House of Training, as the data controller, for access, for the rectification, for the erasure, for restriction of the processing or for objecting to the treatment of this data. Personal data may be communicated to the partners and the contractual subcontractors (processors) of the House of Training in the delivery of the services relating to the Client’s or the Participant’s request.*

*Data processed by the House of Training concerning participants to its seminars include:*

* *Their application form*
* *Their post-training evaluation form*
* *An attendance list*

*The House of Training has put in place generally accepted standards of technological and organisational means for the purpose of guaranteeing the security of all the personal data it processes.*

*For more details please refer to our information notice on data protection by clicking on the following link:*

[*https://www.houseoftraining.lu/en\_GB/page/protection-des-donnees-personnelles*](https://www.houseoftraining.lu/en_GB/page/protection-des-donnees-personnelles)

Date:

**IMPORTANT: Please save your application in the following format: country name\_your family name\_CISM\_2022**

