



Enterprise Risk Oversight for Directors (RISK)

Application for Admission

COURSE OVERVIEW

The ICD’s one-day Enterprise Risk Oversight for Directors course will help directors to better understand how boards and management can more effectively work together to identify, rank and mitigate enterprise risks.

Based on the Chartered Professional Accountants Canada publication “A Framework for Board Oversight of Enterprise Risk”[®] (“CPA Framework”), the course will explore the relationship between the oversight and management of risk, the balancing of both active and passive approaches to different aspects of risk, and how directors can approach and evaluate risk interconnectivity and the compounding exposure that can occur as a result.

The course will be taught by John Caldwell, author of the CPA Framework.

LEARNING OUTCOMES

This course will expose participants to a new framework for the oversight of enterprise risk specifically designed for boards of directors. By attending this national course, participants will:

- Gain an understanding of how to establish and oversee an organization’s appetite and tolerance for risk;
- Learn how to apply and implement a risk oversight model; and
- Develop clearer insights into the interrelated and compounding effects of multiple risks.

WHO WOULD BENEFIT? WHO SHOULD ATTEND?

- Directors of private for-profit and publicly-listed companies
- Directors of medium and large not-for-profit organizations, Crown corporations, and public ABCCs
- Graduates of the ICD-Rotman Directors Education Program; or
- Experienced business executives who have just joined a board and/or are considering director roles.

* Please note that this is not an open-enrollment course, and ICD reserves the right to limit admission to applicants with an appropriate level of experience. Space is limited and there is no guarantee of admission into the course.

COURSE FORMAT

The course will utilize a combination of pre-readings, lectures, breakout groups and group discussions in a series of modules tied to a case study and drawing from the CPA Framework.

Participants will be provided with a copy of the CPA Framework and a case study as pre-readings for the course. The CPA Framework will provide participants with a foundational guide to risk oversight while the case study will enable participants to test their application of the framework to a well-known, real-life business case.

NOTICE OF ADMISSION

Applicants will be updated on the status of their application by email within 2 business weeks of receipt of an application.

MEMBERSHIP IN THE ICD

The Institute of Corporate Directors is committed to providing its members with a wide range of tools, resources and services that support them in being effective directors and creating high-performing boards. If you are currently a non-member of the ICD, included in your RISK application fee is a one-year ICD membership.

COURSE FEE

For ICD.Ds with membership in good standing: \$850 Plus Applicable Taxes (see below chart)

For current ICD members: \$950 Plus Applicable Taxes (see below chart)

For non-members: \$1,295 Plus Applicable Taxes (see below chart)

APPLICABLE TAXES: (Taxes are based on program location, not the applicant’s address)

Location	AB	BC	MB	NL	NS	ON	QC	SK
Applicable Tax Rate	5%	5%	5%	15%	15%	13%	14.975%	5%



Enterprise Risk Oversight for Directors Application Form

RISK Course Location (City)

Course Start Date

Should class space not be available for the course to which you have applied – would you like your application forwarded to the next available class?

Yes No If Yes, please note the preferred city _____

APPLICANT

Mr. Ms. Mrs. Dr.

Last Name

First Name

Middle Initial

Preferred Name

BUSINESS CONTACT DETAILS

Street Address

Suite Number

City

Province/State

Postal/Zip Code

Telephone

Ext.

Fax

Participant E-mail

Assistant's E-mail

Company Web site

HOME CONTACT DETAILS

Street Address

Suite Number

City

Province/State

Postal/Zip Code

Telephone

Fax

Cellular

Preferred mailing address: Business Home

ICD MEMBERSHIP STATUS

ICD Member? Yes No

Member Since: _____

ICD Chapter: _____

Member ID: _____

*If you require assistance with your membership information, please contact the ICD at membership@icd.ca or 1.877.593.7741 x238.

CURRENT EMPLOYMENT

Current Title/Position _____

Company/Organization _____

Type of Company: Public For Profit Private For Profit Commercial Crown Not-For-Profit (including NFP Crowns)

Company Size (by annual gross revenue): Under \$500 million Over \$500 million Over \$1 billion

Industry Sector (select one from the choices below):

- | | | |
|--|---|---|
| <input type="checkbox"/> Academia & Education | <input type="checkbox"/> Entertainment & Media | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Environment | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Accounting & Financial Services | <input type="checkbox"/> Government | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Agriculture & Food Production | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Retail & Consumer Products |
| <input type="checkbox"/> Aviation & Aerospace | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Security & Defense |
| <input type="checkbox"/> Banking, Finance & Investments | <input type="checkbox"/> Industrial | <input type="checkbox"/> Tourism & Hospitality |
| <input type="checkbox"/> Broadcasting & Telecommunications | <input type="checkbox"/> Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Medical & Healthcare | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Consumer Products & Manufacturing | <input type="checkbox"/> Mining | |
| <input type="checkbox"/> Energy & Power | | |

PREVIOUS EMPLOYMENT EXPERIENCE

1. _____
 Title/position Company/Organization Years Held i.e. 2001-2009

2. _____
 Title/position Company/Organization Years Held i.e. 2001-2009

3. _____
 Title/position Company/Organization Years Held i.e. 2001-2009

4. _____
 Title/position Company/Organization Years Held i.e. 2001-2009

5. _____
 Title/position Company/Organization Years Held i.e. 2001-2009

METHOD OF PAYMENT

- Enclosed, please find my cheque payable to the **Institute of Corporate Directors**
- I would like to make payment by: Visa MasterCard
- For ICD.Ds with membership in good standing: \$850 Plus Applicable Taxes (see chart on page 1)
- For current ICD members: \$950 Plus Applicable Taxes (see chart on page 1)
- For non-members: \$1,295 Plus Applicable Taxes (see chart on page 1)

 Card # Expiry Date (mm/yy)

 Name on Card

 Signature of Applicant Authorized cardholder signature (if different from applicant)

 Date

Course fees are due at the time of application. In the event that the applicant is not admitted into the course, a refund will be issued.

CANCELLATION POLICY

Refunds will be given for cancellations received in writing to the ICD no later than 14 days before the start date of the course, and will be subject to an administrative fee of \$250 (plus applicable taxes). No refunds or credits will be provided for cancellations received less than 14 days before the start date of the course. Non-attendance will incur the full course fee. Should the ICD need to cancel or postpone a course offering, applicants will be issued a full refund. Complimentary membership will be revoked in case of a refund.

COLLECTION OF PERSONAL INFORMATION AND PROTECTION OF PRIVACY

For more details visit www.icd.ca/privacy.

DECLARATION

I hereby certify that all statements on the application and in any material filed in support hereof are true, correct and complete and all material information has been disclosed. I understand that if the Institute of Corporate Directors (ICD) finds to the contrary, my association with, admission to, or registration in the course may be rescinded and cancelled after notice in writing to me. Once registered in the RISK course, I understand that I am fully responsible for all fee payments. I pledge to conduct myself in a manner of integrity, honesty and respect for individuals in the ICD community. If I am found to act in a manner contrary to the aforementioned values, I understand that I may be required to withdraw from the course.

SIGNATURE

 Applicant's Signature Date

PLEASE SEND YOUR COMPLETED APPLICATION FORM TO:

Institute of Corporate Directors
 Attn: RISK registration administrator
 2701–250 Yonge Street, Toronto, ON Canada M5B 2L7
 T: 416.593.7741 x248
 T: 1.877.593.7741 x248
 F: 1.888.398.4794
 education@icd.ca
 www.icd.ca