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| IFOA_logo_ | CAA Certified IFoA Members qualifying as an Associate or Fellow |

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| *Please complete this form and return it to:**Work Experience – Member Services Team,* *Tel: +44 (0) 131 240 1325 Email* *memberservices@actuaries.org.uk* |
| This form should only be used by CAA certified members who wish to qualify as an Associate or Fellow with the IFoA. Members should complete all applicable sections of the form to confirm they have completed PPD mandatory competencies 1.1 and 2.1 and the applicable work employment requirements.  |
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| **Notes for applicants** * This form is to be submitted on completion of the examinations and work experience requirements
 |
| * Any gaps in employment should be explained and minimum amount of employment met
* This form should be signed by a Fellow of an Actuarial body or association recognised by the International Actuarial Association (IAA)
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| **Office use only** |
| Name | ARN |

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| **Personal details** |
| **Name (BLOCK CAPITALS)** |  | **ARN** |  |
| **Address** |  |
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| Date of completing examinations: |  |  | / |  |  | / |  |  |  |  |

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| **PPD Records****Please ensure the following are completed before you submit your documentation**  |
| **Competency 1.1 Present the results of actuarial work to informed but non-technical audiences**  | [ ]  | **Date:** |
| **Competency 2.1 Analyse and prioritise stakeholder needs when designing solutions** | [ ]  | **Date:** |
| **Discussed with supervisor** |  [ ]  |

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| **Gaps in Employment***If relevant, please give the dates and reason for any gap in employment, e.g. career break, parental leave* |
| **Dates:** |  | **Reason:** |  |
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| **Employment Record** |
| **All members must have a minimum amount of continuous employment of 12 months for Associateship and 36 months for Fellowship**  |
| **Dates** | **Employer(s) name and address** | **Supervisor signature** | **Supervisor name and job title (Print Name)** |
| **To**  | **From** |
|  |  |  |  |

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| **Final supervisor’s signature***This section**must be completed by a Fellow of an Actuarial body or association recognised by the International Actuarial Association (IAA)* |
| **Name (BLOCK CAPITALS)** |  |
| **ARN** | (*If not an IFoA Fellow, please provide the name of the actuarial body you are associated with and qualification certificate)* |
| **Employer** |  |
| **Address** |  |

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| **I believe that (member’s name)** |  |
| has fulfilled their PPD competencies and work experience requirements to be a  [ ]  Associate \* [ ]  Fellow \* (tick as appropriate) and that this aspect of the actuarial training has been satisfactorily completed. |
|  |
| **Full name (BLOCK CAPITALS)** |  |
| **Signature** |  | **Date** |  |
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| **Payment details** |

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| **When submitted for final approval this form must be accompanied by the relevant fee**[ ]  Associate £85.00 [ ]  Fellowship £110.00  |

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| [ ]  | **Bank transfer** | **£** | Please enter the total amount of Bank transfer:A remittance advice MUST accompany this form as proof of your payment. |
| **Account name**  | Institute and Faculty of Actuaries | **IBAN** | GB98NWBK56002008671990 |
| **Account number** | 08671990 | **Bank name** | National Westminster Bank PLC |
| **Sort code** | 56-00-20 | **Bank address** | Holborn Circus BranchPO Box No 204No.1 Hatton GardenLondon, EC19 1DU |
| **SWIFT** | NWBKGB2L |
| **Please enter Bank transfer payment reference:** |
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| [ ]  | **Visa, MasterCard or Amex** | If you wish to pay by card an invoice will appear in your online account. You should log in to make payment in the members area of the website. |