

Work-Based Skills Learning Log — *Final sign off form*

All sections of this form must be completed in full. Failure to do so will result in your form being returned. Please complete details on another sheet of paper if more space is required and attach securely.

Student's Details

Full name (in BLOCK CAPITALS): JANE SMITH

ARN*: 1234

* Actuarial Reference Number

Designation sought: Fellow/Associate (delete as appropriate)

Date of starting work-based skills:

D	D		M	M		Y	Y
0	2	/	0	9	/	0	4

Date of joining profession as a student:

D	D		M	M		Y	Y
3	1	/	1	0	/	0	4

Date of joining profession as an affiliate if appropriate:

D	D		M	M		Y	Y
		/			/		

Date of completion of work-based skills:

D	D		M	M		Y	Y
		/			/		

Employer's Details

Employer: AN Consultants

Employer's address: 25 High Street

Anytown

Anyshire

Postcode: AA1 1AA

Country: UK

Telephone number: 01234 567890

E-mail:

Final Supervisor's Details

This section must be completed by a Fellow of the Faculty or Institute of Actuaries.

Name (in BLOCK CAPITALS): JOHN JONES

ARN*: 7896

Employer: As for employer above.

Employer's address: As for employer above.

Postcode:

Country:

Telephone number:

E-mail:

* Actuarial Reference Number

Please list the dates when there is a record in the learning log of work on the different skills key dimensions.

Technical application of actuarial skills

02/09/04 - 01/03/05
01/03/05 - 01/09/05
01/09/05 - 01/03/06

Review questions completed (and date completed): A1 - 01/03/05, A2 - 01/09/05, A3 - 01/03/06

Judgement

01/09/05 - 01/03/06

Review questions completed (and date completed):

Professional and ethical

01/09/05 - 01/03/06

Review questions completed (and date completed):

Communication

01/03/05 - 01/09/05

Review questions completed (and date completed): D7 - 01/09/05

Commercial

Review questions completed (and date completed):

ICT

02/09/04 - 01/03/05
01/03/05 - 01/09/05

Review questions completed (and date completed):

Management

01/09/05 - 01/03/06

Review questions completed (and date completed):

Final Supervisor's Signature

I believe that _____ (student) has developed their work-based skills in each of the key dimensions as part of the requirements to be a Fellow/Associate (delete as appropriate)* and that this aspect of the actuarial training has been satisfactorily completed for _____ (employer).

Full name (in BLOCK CAPITALS): _____

Signature: _____

Date: _____

*It is assumed that the normal period of development of work-based skills will be one year for an Associate and three years for a Fellow.

When submitted for final approval this learning log must be accompanied by the relevant fee.

Sample