

Name:
ARN No.:

Application Form – October 2008 – June 2009

CT9 – Business Awareness Module

Please complete the Application Form below and return with payment to:

The Course Team, The Actuarial Profession, Napier House, 4 Worcester Street, Oxford, OX1 2AW
Tel: +44 (0)1865 268 216, Fax: +44 (0)1865 268 233
E-mail: courses@actuaries.org.uk, www.actuaries.org.uk

Please return form at least eight weeks before course commencement

Personal Details

Please complete the following sections in BLOCK CAPITALS:

Title: Mr Mrs Miss Ms Dr Other (please specify): _____ ARN (Actuarial Ref. No.): _____

Forename(s): _____ Initials: _____

Surname: _____ Badge name: _____

Company: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Correspondence will be sent to the details held on record. Please ensure your preferred contact details are up to date.

Special dietary requirements: _____

Do you require any special arrangements, e.g. wheelchair access etc.?

No Yes Please specify: _____

Approval by Employer

An approved signatory of the employer, usually the student's Supervisor for work based skills, must sign here to confirm that the applicant is ready to take the module.

Signed Name of Signatory (*block capitals*).....

Dated Relationship to student if not Supervisor

