

Work-Based Skills

Student's full name (in BLOCK CAPITALS):

ARN*:

I have read the work-based skills brochure and accompanying review forms.

I can confirm that my supervisor is:

Full name (in BLOCK CAPITALS):

ARN*:

Employer:

Job title:

Employer's address:

Postcode:

Country:

Telephone number:

E-mail:

Other professional qualifications:

* Actuarial Reference Number

Please return this form to:

Work Based Skills Officer
The Actuarial Profession
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