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| **Application for Consideration as a Fellow of the Institute and Faculty of Actuaries (IFoA) for Fellows of the Institute of Actuaries Australia (IAAust)** |

In accordance with the terms of the Mutual Recognition Agreement under which you are applying for admission as a Fellow of the IFoA, you must before admission;

1. have attained Fellowship of the IAAust by completing the qualification requirements of the IAAust (including where relevant, obtaining one or more of the IAAust’s examination exemptions that are available from time to time), and not solely in recognition of membership of another actuarial association;
2. be entitled to practise as a member of the IAAust;
3. in the event that there is no work experience requirement built into Fellowship of IAAust, have completed, as at the date of application, at least three years post-qualification practical work-based experience of actuarial practice;
4. undertake to adhere to such professionalism requirements as are required of IFoA Fellows from time to time; and
5. authorise in writing the IAAust to release relevant records to the IFoA concerning any adverse disciplinary determination, finding, sanction and/or penalty, to which you have been subject in accordance with the IAAust’s disciplinary process. Such records may be taken into consideration by the IFoA in considering your application and may be retained by the IFoA for as long as is reasonably necessary.

**Application for Consideration as a Fellow**

[**NOTE:**  When filling in this form, please use block capitals and black ink.]

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| Title:  |  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Dr [ ]  Other [ ]  please specify: |  |
| Gender: |  Male [ ]  Female [ ]  Prefer not to disclose [ ]   |  |
| First name(s): |  |
| Surname: |  |

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| Date of birth: |  |  |  |  |  |  |  |  |  |  |

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| Qualifications (please enter the qualifications to appear on your records: |

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| **Current** residential address: |  |
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| Postal Town:  | County: |
| Country: | Postcode: |
| Telephone Number: | Fax Number: |
| Personal e-mail address: |

**🛈 Failure to provide a current correspondence address, telephone number and e-mail address, in clear handwriting, will result in the applicant not receiving information about their application form**

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| **Employment details** -  |
| Company name: |
| Company Address (including department): |
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| Postal Town:  | County: |
| Country: | Postcode: |
| Telephone Number: | Fax Number: |
| Your company e-mail address: |

Please indicate which address you would like all correspondence sent to: Home [ ]  Office [ ]

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**Professional Actuarial Qualification**

Please give full details of actuarial qualifications obtained, with dates, and particulars of membership of actuarial associations.

Please supply confirmation of membership letter from the IAAust with your application.

This should attest to the fact that you have attained Fellowship of the IAAust by completing the qualification requirements of the IAAust and not in recognition of membership of another actuarial association and that you are a member in good standing with the IAAust.

Confirmation letters or certificates in any language other than English must be accompanied by duly attested English translations.

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| **Actuarial Association(s)**  |  |  |
| (please give full name) |  |  |
| Subject |  | Grade |  | Date |
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**Record of work experience for the last three years**

Please give full details of training and areas of practice with dates, if not part of qualification to Fellow.

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| **Actuarial Training and Practical Experience** |
|  **From** |  **To** | **Employer Details** | **Details of Training and Areas of Practice** |
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**Declaration**

**🛈 This section must be signed by applicant.**

Before signing this declaration, you must read the Charter, Bye-laws, Rules and Regulations of the IFoA which are available on our website, [www.actuaries.org.uk/about-us/pages/charter-bye-laws-rules-and-regulations](http://www.actuaries.org.uk/about-us/pages/charter-bye-laws-rules-and-regulations).

**I hereby apply for admission as a Fellow of the IFoA**

I understand that the IFoA will contact IAAust to obtain verification of the following:

1. confirmation that I am a Fellow of IAAust in good standing and entitled to practise as a member of that body;
2. details of any adverse disciplinary determination, finding, sanction and/or penalty to which I have been subject;
3. confirmation of my CPD compliance;
4. confirmation that my qualification includes at least 3 years actuarial work experience; and
5. confirmation of attendance at a professionalism course

I acknowledge that, as a member of the IFoA, I will be bound by the constitutional and regulatory framework of the IFoA, which includes:

o the Actuaries’ Code; and

o the IFoA’s Charter, Byelaws, Rules and Regulations,; and

o the IFoA’s professional standards (including the Actuaries’ Code, Actuarial Profession Standards, the CPD Scheme and, for relevant work within UK Geographic Scope, the FRC’s Technical Actuarial Standards, all as replaced or amended), and.

o the Disciplinary and Capacity for Membership Schemes.

and I understand that the IFoA and IAAust

 will share information and co-operate with one another in relation to disciplinary allegations, investigations and/or proceedings against me.

If there is anything additional you would like to declare with this application, please add this to the box below.

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| Signed: | Date: |

**Checklist**

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| **Please enclose the following** |
| Confirmation of membership letter from IAAust | [ ]  |
| A record of work experience for the past three years, if not built into the Fellowship requirement | [ ]  |
| Evidence of attendance at a professionalism course | [ ]  |

**This form should be completed and returned to Member Services Team by** **email****.**

**How we use your personal data**

The Institute and Faculty of Actuaries (IFoA) is registered as a Data Controller under the General Data Protection Regulation. We will use the information provided on this form to process your application, to maintain our Register of Members, and to contact you in the course of your membership. Please note that we will publish your name, address and membership details to the member only area of our website. Where you have not supplied a business address we will use your home address. If you’d rather we didn’t publish this information contact memberservices@actuaries.org.uk. In line with our Royal Charter you are not able to opt out of appearing on our Register of Members, this contains your name, status and any regulatory notes.

To find out how we use your personal data, who we share it with and when please see our privacy policy: <https://www.actuaries.org.uk/privacy-policy>