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| IFOA_logo_ | **Application form for approval of experience:  Form A** |

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| *Please complete this form and return it to:*  *Work Experience – Education Services Team, The Institute and Faculty of Actuaries, 1st Floor, Park Central, 40/41 Park End Street, Oxford OX1 1JD, UK*  *Tel: +44 (0)1865 268207 Email* [*education.services@actuaries.org.uk*](mailto:education.services@actuaries.org.uk) | |
| This form may only be used where the applicant’s experience:   * has been gained in any of the following:   + a life assurance office   + a general insurance company   + the Government Actuary’s Department   + a firm of consultants dealing in actuarial advice   + a firm of stockbrokers   + certain other organisations approved by the Institute * fulfils the conditions laid down in the guidelines issued by the Institute * the direct supervisor of the applicant is a qualified actuary * where this is not so FORM B must be submitted annually in advance of the period for which approval is desired | |
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| **Notes for applicants** | |
| * Details of the experience requirements for the Fellowship are given in the “Student Handbook”. * This form is to be submitted on completion of the examinations, details will be sent with the final set of examination results regarding returning this form. * Adequate particulars of the applicant’s experience should be given on the form but it is not necessary to give a detailed statement of all the different work undertaken. Each distinct period must be attested by the applicant’s supervisor. * Service in separate departments (or under different supervisors) must be separately noted. If the student changes his or her employment and/or the supervisor changes, the form should be completed and countersigned at that time and retained until the period of experience necessary for it to be forwarded to the Institute is completed. * If there is any doubt as to whether the experience falls under Form A or Form B, the Institute should be consulted. | |
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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 birth: |  |  | / |  |  | / |  |  |  |  |
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| Date of completing examinations: |  |  | / |  |  | / |  |  |  |  |

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| **Declaration to be signed by applicant** | | | |
| I declare that the statements made on the following pages are to the best of my knowledge and belief correct. | | | |
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| **Signature** |  | **Date** |  |

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| **Office use only** | |
| Approved | Checked |

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| **Experience record** |

**Please continue overleaf if necessary**

| Dates (earliest first) | | Name and address of employer(s) | Particulars of experience | Signature of supervisor | Name of supervisor and ARN number  (BLOCK CAPITALS) |
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| from | to |  |  |
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