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

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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* |
| This form should be used when the applicant seeks advance approval for a particular type of experience and also for approval when that experience has been completed. |
|  |
| **Notes for applicants**  |
| * Details of the experience requirement for the Fellowship are given in the “Student Handbook”.
* Approval of experience should be sought in advance and also when the experience concerned is completed.
* This form is to be submitted **in duplicate** on the first occasion when approval is sought. One copy will be returned to the applicant and should be re-submitted at the completion of each period for which approval is sought.
* Adequate particulars of the expected experience should be given but it is not necessary to give a detailed statement of all the work to be undertaken
* When the form is first submitted, sections 1 and 2 should be completed. When the form is re-submitted, section 2A should be signed by the supervisor and section 3 by the applicant; on the next occasion section 3A by the supervisor and section 4 by the applicant and so on until the experience requirement is completed.
* Generally prior approval will be given for a period not exceeding twelve months, the approval to be renewed after that period.

It is essential that the supervisor gives full details of his position and qualifications held. The applicant should ensure that the supervisor is made aware of the general requirements of the experience qualification. |
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| **Office use only** |
| Name | ARN |

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| **Section 1 – Personal details** |
| **Name (BLCOCK CAPITALS)** |  | **ARN** |  |
| **Address** |  |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | D | D |  | M | M |  | Y | Y |
| Date of birth: |  |  | / |  |  | / |  |  |
|  |  |  |  |  |  |  |  |  |
| 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. |
|  |
| **Signature** |  | **Date** |  |

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

**Section 2 — Details of expected or completed experience**

*To be submitted with section 1.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Name and address of employer | Particulars of experience | Name, position and qualifications of supervisor(BLOCK CAPITALS) | Signature of supervisor |
| from | to (Expected date of completion) |
|  | Date actually completed |  |  |  |  |
|  |  |  |  | Signature of applicant: |

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| **Section 2A —***To be signed by the supervisor before form is re-submitted.* |
| **I certify that the above experience of** |  | months has now been undergone. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of supervisor** |  | **Date** |  |

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

**Section 3 — Details of expected or completed experience**

*To be submitted at the same time as section 2A is submitted.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Name and address of employer | Particulars of experience | Name, position and qualifications of supervisor(BLOCK CAPITALS) | Signature of supervisor |
| from | to (Expected date of completion) |
|  | Date actually completed |  |  |  |  |
|  |  |  |  | Signature of applicant: |

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| **Section 3A —***To be signed by the supervisor before form is re-submitted.* |
| **I certify that the above experience of** |  | months has now been undergone. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of supervisor** |  | **Date** |  |

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

**Section 4 — Details of expected or completed experience**

*To be submitted at the same time as section 3A is submitted.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Name and address of employer | Particulars of experience | Name, position and qualifications of supervisor(BLOCK CAPITALS) | Signature of supervisor |
| from | to (Expected date of completion) |
|  | Date actually completed |  |  |  |  |
|  |  |  |  | Signature of applicant: |

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| **Section 4A —***To be signed by the supervisor before form is re-submitted.* |
| **I certify that the above experience of** |  | months has now been undergone. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of supervisor** |  | **Date** |  |

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

**Section 5 — Details of expected or completed experience**

*To be submitted at the same time as section 4A is submitted.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Name and address of employer | Particulars of experience | Name, position and qualifications of supervisor(BLOCK CAPITALS) | Signature of supervisor |
| from | to (Expected date of completion) |
|  | Date actually completed |  |  |  |  |
|  |  |  |  | Signature of applicant: |

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| **Section 5A —***To be signed by the supervisor before form is re-submitted.* |
| **I certify that the above experience of** |  | months has now been undergone. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of supervisor** |  | **Date** |  |

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

**Section 6 — Details of expected or completed experience**

*To be submitted at the same time as section 5A is submitted.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Name and address of employer | Particulars of experience | Name, position and qualifications of supervisor(BLOCK CAPITALS) | Signature of supervisor |
| from | to (Expected Date of Completion) |
|  | Date actually completed |  |  |  |  |
|  |  |  |  | Signature of applicant: |

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| **Section 6A —***To be signed by the supervisor before form is re-submitted.* |
| **I certify that the above experience of** |  | months has now been undergone. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of supervisor** |  | **Date** |  |

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