

# **Quality Assurance Scheme**

Pilot Application Form

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Please note that the terms defined in APS QA1 are used in this application form.

## 1. Organisation Profile

Please complete the following business area seeking accre	_		respect	of the o	rganisatio	n or department, of	fice or
Organisation name:							
Division, section or department accreditation, if applicable: (together, "the <b>Applicant</b> ")	ent see	eking					
Contact name:							
Telephone number:							
Email address:							
Office Locations  Please provide the Applica  Members and non-members	rs who	provide	direct	support	in relati		•
Actuarial Work). Please incl	ude all				# 1	No. Non-	
Actuarial Work). Please incl			Memb			No. Non- members	
Actuarial Work). Please incl	PC Holders				Total		
- Management of the control of the c		No.	Memb	ers			
- Management of the control of the c		No.	Memb	ers			
Location	PC Holders	Other	Associates	ers Students	Total	members	

#### **Designated Representatives** 2.

Please confirm the following information in respect of the individual or group of individuals being proposed as Designated Representatives for the Applicant:

NB Please complete a separate sheet for each individual proposed.

Name:									
Position held:									
Length of Service:									
Location:									
Qualifications or Representative.	experience	which	qualifies	individual	to	hold	post	of	Designated
APS QA1									

3. APS QA1

Please provide a short description of the policies, procedures or support in place to assist Members in meeting their professional obligations and in producing high quality work, in relation to each of the following areas:

- Quality assurance (including Peer Review);
- Engagement and communication with Users;
- Conflicts of interest;
- The development and training of Members;
- Whistleblowing; and
- The handling and appropriate resolution of complaints and disputes about Members or Actuarial Work.

Please note that this description may be supplemented by copies of internal policies,

4. Organisational structure

Please provide an organogram which confirms the Applicant's organisational structure.

Please also provide a staff list which confirms the location and role of each individual who either produces Actuarial Work or provides direct support in relation to the Applicant's Actuarial Work.

5.	Application statement
	Please let us know what benefits your organisation considers it will gain from achieving this accreditation.
6.	Other professional regulators
0.	Please list details of any other regulators the Applicant reports to or which are otherwise relevant to the Applicant's work.

## 7. Remote working

8.

9.

To the e	xplain how that work relates to the delivery of Actuarial Work in the UK.
	oclude details of any staff who work remotely in the "office locations" table under of this application.
Other	
	se this space provided to include any other information which you consider to be
	se this space provided to include any other information which you consider to be to your application for QAS accreditation.
	to your application for QAS accreditation.
Declarat	ion  that the information supplied in this application is correct to the best of my knowledge.
Declarat I confirm	ion that the information supplied in this application is correct to the best of my knowledge.
Declarat I confirm and belie	ion  that the information supplied in this application is correct to the best of my knowledge.

### 10. Return details

Please return the completed application and supporting documentation no later than **11 August 2014** to <a href="mailto:qas@actuaries.org.uk">qas@actuaries.org.uk</a>.