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| IFOA_logo_ | Work-based skills **Learning log – review form** |
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| *Please complete this form and return it to:**Work-based Skills – 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)01865 268207 Email:* *education.services@actuaries.org.uk***All sections of this form must be completed in full. Failure to do so will result in your form being returned.** Please complete details on another sheet of paper if more space is required and attach securely. |
| **Student’s details** |
| **Name (BLOCK CAPITALS)** |  |
| **ARN** |  |
| **Employer** |  |

**Period covered**

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|  | D | D |  | M | M |  | Y | Y |  | D | D |  | M | M |  | Y | Y |
| from |  |  | / |  |  | / |  |  | to: |  |  | / |  |  | / |  |  |

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| **Skill as displayed in the workplace** *(not single line comments, should be specific examples)*(To be completed by manager) |
| Please list under headings. |
| **Technical application of actuarial skills** |
| **Judgement** |
| **Professional and ethical** |

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| **Communication** |
| **Commercial** |
| **ICT** |
| **Management** |

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| **Self-assessment of skills development**(To be completed by student) |
| This should include what has been undertaken and plans for the next stage, including on-the-job training. |
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| **Formal learning activities undertaken**(To be completed by student) |
| This should include events/courses attended (normally a minimum of 30 hours over three years is required).Please list, discuss relevance, and include a self-assessment of benefits gained from each course. The Business Awareness course, part of Subject CT9, may be included with a maximum of **9 hours**. This should **not** include tutorials or computer-based learning for examinations.  |
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| **List of completed review questions on work-based skills**(To be completed by student) |
| (Please indicate the question(s) answered i.e. D3 or indicate if commercially sensitive) |

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| **Supervisor’s Comments** *(please use this section to comment on each essay, this is a mandatory requirement)* |
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| **Supervisor’s Signature** |
| I have discussed the development of work-based skills with the student and confirm that progress has been made. Future areas for development have been identified. |
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| **Signature** |  | **Date** |  |

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| **Supervisor’s details** |
| **Name (BLOCK CAPITALS)** |  |
| **ARN** |  |
| **Employer** |  | **Job title** |  |
| **Address** |  |
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| **Other professional qualifications:** |  |
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| When the student is ready for the Fellowship qualification (on completion of the relevant examinations and normally work-based skills over three years) the final signature should be given and the learning log sent to the Education Services Team.If the student wishes to apply for the Associateship qualification (on completion of the relevant examinations, the Professional Skills Course and normally work-based skills over twelve months) the final signature should be given and the learning log sent to the Education Services Team. |