



Application to undertake an Adaptation Period or sit an Aptitude Test For actuaries who are members of actuarial associations under the Actuarial Association of Europe (AAE) Agreement

1. Who should use this form?

This form is to be used by members of AAE associations who wish to become Fellows of the Institute and Faculty of Actuaries (IFoA) under the terms of the AAE (formerly the Groupe Consultatif) Agreement which came in to force on 1 January 2011.

The AAE Agreement is between the AAE full member associations and relates to the mutual recognition of members of those associations. The terms of the European Directive on mutual recognition (2005/36/EC) and the United Kingdom regulation of mutual recognition, the European Communities (Recognition of Professional Qualifications) Regulations 2007, may also apply.

2. What do I need to do?

In accordance with the terms of the AAE Agreement under which you are applying for admission as a Fellow, you will be required to either:

- a. complete an adaptation period such that you have at least three years' practical experience in total of which at least one year must be in the UK; or
- b. pass an aptitude test, which may include submitting a dissertation under SA0, "Fellowship by Research" provided it has a connection with UK actuarial theory, practice, or the UK actuarial regulatory environment.

On successful completion of the adaptation period or on passing the aptitude test, you will be transferred to the class of Fellow.

3. What do I need to do if I elect to complete an adaptation period?

In order to successfully complete your adaptation period, you will need to undertake the following steps:

- a. Complete this form.
- b. Ask a Fellow of the IFoA to act as your supervisor.

Your supervisor will then need to complete an application form to act as your supervisor. The application form can be found [here](#) . The IFoA will then assess your proposed supervisor's application and if successful, notify your supervisor that your adaptation period can begin.

- c. Successfully complete your adaptation period. Your supervisor will be asked to fill out a certificate which confirms that you have done so.

4. What do I need to do if I elect to sit an aptitude test?

You need to complete this form and submit it to the IFoA. We will then contact you to let you know which exams you will need to undertake in order to fulfil the requirements of the aptitude test. You will then need to successfully pass those exams.

5. What happens after I have successfully completed an adaptation period or sat an aptitude test?

The IFoA will then contact you to organise your transfer to the class of Fellow.

6. What happens after I become a Fellow?

All new Fellows of the IFoA are required to attend a professional skills course approved by the Council, within 12 months of being admitted as a Fellow. You must comply with the IFoA's Charter, Bye-laws, Rules and Regulations, the Actuaries' Code, Actuarial Profession Standards and any relevant standards published by the Financial Reporting Council. You must also complete such Continuing Professional Development including Professional Skills Training as is required by the IFoA.

Application to undertake an Adaptation Period or sit an Aptitude Test

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

Title: Mr Mrs Miss Ms Dr Other please specify: _____

Gender: Male Female

Forename(s): _____

Surname: _____

Date of birth:

D	D

M	M

Y	Y	Y	Y

Nationality (please supply a copy of your identity card or passport): _____

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

Current residential address: _____

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

Employment details - Please supply letter of employment confirmation with your application.

Company name: _____

Company Address (including department): _____

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

Please also indicate whether you would like to apply to: Undertake an Adaptation Period
Sit an Aptitude Test

Education and Qualifications

① You must complete all parts of this section.

Please give your full education history with qualifications awarded. **You must provide proof of all qualifications with your application.**

University Education

Level: Honours Degree Ordinary Degree Grade: 1st 2.1 2.2 3rd

University attended: _____

Subject studied: _____

Date of graduation: _____

Level: Postgraduate Diploma Masters Doctorate

University attended: _____

Subject studied: _____

Date of graduation: _____

Professional Qualifications

Professional association: _____

Qualification: _____

Date of graduation: _____

Professional association: _____

Qualification: _____

Date of graduation: _____

Actuarial Qualifications

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

Please also supply confirmation of your membership from your principal actuarial body with your application. The letter should attest that you are a fully-qualified actuary of the principal actuarial body and not in recognition of membership of another actuarial association and that you have been prepared for the pursuit of the profession of actuary. The letter should also confirm that you are a member in good standing with the principal actuarial body. Confirmation letters or certificates in any language other than English must be accompanied by duly attested English translations.

Actuarial Association

(please give full name)

Subject	Grade	Date

Record of Training and Areas of Practice for the last three years

Please give full details of training and areas of practice with the appropriate dates.

From	To	Employer Details	Details of Training and Areas of Practice

(Please continue on a separate sheet if necessary)

Continuing Professional Development for the past year

Please give full details of any Continuing Professional Development (CPD) including professional skills training you have undertaken during the past year with the appropriate dates.

Date	Event (Please give name of organiser)	Subject	Total Hours

(Please continue on a separate sheet if necessary)

Declaration to be signed by applicant

I give the IFoA permission to contact my principal body to obtain:

- confirmation that I am a Fellow of that body in good standing and entitled to practise as a member of that body;
- details of any adverse disciplinary determination, finding, sanction and/or penalty to which I have been subject.

I certify that the information I have provided in this application form are correct to the best of my knowledge and belief.

Signed: _____ Date: _____

What should I do now?

This form should be completed and returned to:-

Membership Team
Institute and Faculty of Actuaries
Level 2 Exchange Crescent,
7 Conference Square,
Edinburgh, EH3 8RA
Tel: +44(0)131 240 1325

Data Protection Act 1998: The Institute and Faculty of Actuaries is registered as a Data Controller in terms of the Data Protection Act 1998. By signing this declaration you agree that the IFoA may use and share any of the information provided by you on this form to process your application to become a Fellow of the Institute and Faculty of Actuaries, to maintain our Register of Members (including contacting you regarding membership renewal) and for any other purpose whatsoever in relation to the running of the IFoA. The information you provide will be held and used in accordance with the Data Protection Act 1998, stored in a secure system accessible to authorised persons only and treated in accordance with our policies and procedures.