



Application for Consideration as a Fellow of the Institute and Faculty of Actuaries (IFoA) for Fellows of the Casualty Actuarial Society (CAS)

In accordance with the terms of the Mutual Recognition Agreement under which you are applying for admission as a Fellow of the IFoA, you must before admission:

1. have attained full membership of CAS by examination and not in recognition of membership of another actuarial association;
2. attest that you wish to pursue actively the profession of actuary in the UK or the Republic of Ireland or to advise on UK or Irish business;
3. have at least three years' recent appropriate practical experience of which at least one year must be of UK or Irish business;
4. have attended an approved Fellowship professionalism course which is accredited by the IFoA as equivalent to the IFoA Professional Skills Course;
5. at the same time as applying, disclose to the IFoA any public disciplinary sanctions that have been imposed against you by any actuarial organisation of which you are a member and authorise in writing the CAS to release relevant records to the IFoA concerning any adverse disciplinary determination, finding, sanction and/or penalty, to which you have been subject, in accordance with the CAS's disciplinary process. Such records will be taken into consideration by the IFoA in considering the application, and may be retained by the IFoA thereafter for as long as is reasonably necessary; and.
6. have passed the IFoA Practice Module in General Insurance.

Applicants who wish to pursue the profession of actuary in the Republic of Ireland or to advise on Irish business should consider becoming a member of the Society of Actuaries in Ireland. Further information can be found on the Society of Actuaries in Ireland website: <https://web.actuaries.ie/>

Application for Consideration as a Fellow

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

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

Gender: Male Female Prefer not to disclose

Forename(s): _____

Surname: _____

Date of birth:

D	D

M	M

Y	Y	Y	Y

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

Professionalism course - Please provide date and awarding body of Fellowship Professionalism Course attended: **(Letter of attendance confirmation/Copy of Certificate required with application)**

Awarding Body:
(SOA, CIA, AIAust, CAS, IAI & ASSA) _____

Date attended: _____

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: _____

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

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

CAS Actuarial Training and Practical Experience			
From	To	Employer Details	Details of Training and Areas of Practice

UK Actuarial Training and Practical Experience			
From	To	Employer Details	Details of Training and Areas of Practice (Include details of applying UK legislation/UK actuarial standards eg. the Financial Reporting Council's Technical Actuarial Standards, the Actuaries' Code etc.)

(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, that you have undertaken during the past year with the appropriate dates.

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

Certification

Your application must be certified by a Fellow of the IFoA who has been working on UK work for three out of the last five years.

Details of Fellow

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

Forename(s): _____

Surname: _____

Area of practice: _____

Employer: _____

Date of qualification as FFA/FIA: _____

I certify that the applicant, _____

- has completed at least one year's post-qualification practical work-based experience of UK actuarial practice within three years, up to and including the date of application;
- has shown technical actuarial competence and a knowledge of a substantial part of the technical area of work in that traditional actuarial field and has a broad understanding of the work in the other fields;
- has a sound understanding of the Actuaries' Code, Actuarial Professional Standards issued by the IFoA and standards issued by the Financial Reporting Council covering the areas of work in which they are engaged.

Signature: _____ Date: _____

Name: _____ FFA/FIA _____ ARN: _____

(BLOCK LETTERS)

Declaration

① This section must be signed by applicant.

Before signing this declaration, you must read the Charter, Bye-laws, Rules and Regulations of the IFoA which are available on our website, www.actuaries.org.uk/about-us/pages/charter-bye-laws-rules-and-regulations.

I hereby apply for admission as a Fellow of the IFoA

I confirm that:

1. I have passed the IFoA Practice Module in General Insurance;
2. I wish to pursue actively the profession of actuary in the UK or the Republic of Ireland to advise on UK or Irish business; and
3. I have advised the IFoA of any disciplinary sanctions that have been imposed against me by any actuarial organisation.

I give the IFoA permission to contact the CAS to obtain:

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

If my application is approved, I understand and agree:

1. to comply with the Charter, Bye-Laws, Rules and Regulations of the IFoA, the Actuaries' Code, Actuarial Profession Standards and any relevant standards published by the Financial Reporting Council(FRC) , and I will, to the best of my ability, promote the objects of the IFoA as set out in the Charter.
2. that I shall be subject to the Disciplinary Scheme of the IFoA and FRC's Actuarial (Discipline) Scheme which can be found at:
 - <https://www.frc.org.uk/Our-Work/Conduct/Professional-discipline/Schemes.aspx>
 - <http://www.actuaries.org.uk/upholding-standards/complaints-and-disciplinary-process/disciplinary-scheme>
3. to complete such Continuing Professional Development (CPD) including Professional Skills Training as is required by the IFoA.

Signed: _____

Date: _____

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

How we use your personal data

The Institute and Faculty of Actuaries (IFoA) is registered as a Data Controller under the General Data Protection Regulation. We will use the information provided on this form to process your application, to maintain our Register of Members, and to contact you in the course of your membership. Please note that we will publish your name, address and membership details to the member only area of our website. Where you have not supplied a business address we will use your home address. If you'd rather we didn't publish this information contact membership@actuaries.org.uk. In line with our Royal Charter you are not able to opt out of appearing on our Register of Members, this contains your name, status and any regulatory notes.

To find out how we use your personal data, who we share it with and when please see our privacy policy: <https://www.actuaries.org.uk/privacy-policy>