



CPD SCHEME 2019/2020

APPLICATION FOR EXEMPTION

NAME:

ARN:

Please tick the exemption that you are applying for

	Full	Partial
Category 1	Not applicable	
Category 2		
Category 4		
Category 5	Not applicable	
Category 6	Not applicable	

Please select the statement that applies to you:

- **Full exemption** - My actuarial training and experience, in the widest interpretation, and my membership of the profession, make no contribution to my paid work. I set out details of my paid work in the attached paper;
- **Full exemption** - I have not been in paid employment relating to my actuarial training and experience in the CPD year for a total of more than 20 hours. Details of all employment undertaken within the CPD year are set out in the attached paper; or
- **Full exemption** - There are exceptional circumstances, as detailed in the attached paper, which will prevent me from complying with the requirements of the Scheme.
- **Partial exemption** - I have been, or plan to be, absent from work for more than three consecutive months/six consecutive months category 5 members.

(If partial exemption selected, please confirm:

The date on which you did /will stop work?

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The date on which you did /will return to work?

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Reason for absence _____

If the period of leave spans more than one CPD year, the partial exemption will apply to each CPD year in which you are absent from work for at least one month.

Declaration

I understand that if my circumstances should change, which results in me no longer being eligible for this exemption, I will inform the Membership Team as soon as possible. I understand that failure to do so may result in referral under the Disciplinary Scheme.

Signed:

Date:

Please scan and e-mail: cpd_feedback@actuaries.org.uk

Fax to: +44 (0)131 240 1313

or send to: Membership Team, The Institute and Faculty of Actuaries, Level 2 Exchange Crescent, 7 Conference Square, Edinburgh EH3 8RA