**Welcome to the QAS**

Please note that the terms defined in [APS QA1](https://www.actuaries.org.uk/system/files/field/document/APS%20QA1%20-%20April%202022.pdf) are used in this application form.

This application form for accreditation under the Quality Assurance Scheme (QAS) is designed to gather relevant information about the organisation, office or department to be taken into account during the accreditation process. For more information about the QAS and this process please refer to the QAS Handbook.

Information should be correct as at the date of application.

Please return the completed Application Form along with any supporting documentation to qas@actuaries.org.uk.

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| **How we use your data**  By submitting this application form, you confirm that you are entitled to provide the information requested on behalf of your organisation. When completing the form, please only include personal data that is relevant to your application and that you are lawfully entitled to supply.  We use the information you supply to assist with our assessment of whether your organisation should participate in the QAS. As part of this process, we may share this information with the Institute of Chartered Accounts in England and Wales (ICAEW) or such other third party assessor as may be appointed by the IFoA for the purpose of assessing eligibility for QAS accreditation.  The information you provide on this form will be processed in accordance with data protection law and in line with the [IFoA’s QAS Privacy Notice](https://www.actuaries.org.uk/quality-assurance-scheme-qas-privacy-notice).  Please note that this form relates to the QAS Outcomes effective from 1 April 2022. |
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| **If you have any questions please email** [**qas@actuaries.org.uk**](mailto:qas@actuaries.org.uk)**.** |

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| **1. Organisation Profile** |  | **1.1 Name of organisation** | | |
| Click here to enter text. | | |
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| **1.2 Primary Contact** | | |
| **Name** | Click here to enter text. | |
| **Job title** | Click here to enter text. | |
| **Building name or number** | Click here to enter text. | |
| **Street number** | Click here to enter text. | |
| **Street name** | Click here to enter text. | |
| **Town/City** | Click here to enter text. | |
| **County/Region/State** | Click here to enter text. | |
| **Postcode/ZIP** | Click here to enter text. | |
| **Country** | Click here to enter text. | |
| **Primary telephone number** | Click here to enter text. | |
| **Email address** | Click here to enter text. | |
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| **1.3 Relevant Part of the Organisation applying** | | |
| **If applicable, describe the Relevant Part(s) of the Organisation(s) applying.**  Click here to enter text  **Please provide the principal office location (if different to the above)** | | |
| **Building/Floor/Suite** | Click here to enter text. | |
| **Street number** | Click here to enter text. | |
| **Street name** | Click here to enter text. | |
| **Town/City** | Click here to enter text. | |
| **County/Region/State** | Click here to enter text. | |
| **Postcode/ZIP** | Click here to enter text. | |
| **Country** | Click here to enter text. |  |
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| **2. QAS CPD Scheme** |  | **2.1 Participation** | | |
| Would the organisation, if accredited, like to opt in to the [QAS Continuing Professional Development (CPD) Scheme](https://www.actuaries.org.uk/upholding-standards/quality-assurance-scheme/qas-outcomes-focused-cpd)? | | Yes/No |
|  | If yes, please provide details here of relevant CPD/Development and Training activities, and advise of any significant changes or proposed changes planned for your policies and procedures.  Click here to enter text. | | |
| **If you are interested in joining the** [**QAS CPD Scheme**](https://www.actuaries.org.uk/upholding-standards/quality-assurance-scheme/qas-outcomes-focused-cpd)**, please email** [**qas@actuaries.org.uk**](mailto:qas@actuaries.org.uk)**.** | | |
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| **3.Business Activities** |  | **3.1 Business Activities** | | |
|  | Please provide a brief summary of the nature of the business or activities carried out by the Organisation including, where appropriate, the business/activities carried out by the part of the Organisation being accredited.  Click here to enter text. | | |

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| **4.Offices and personnel** |  | **4.1 Office Locations and Staffing Levels** | | | |
| Please state the location(s) of the Applicant’s office(s) and provide the total number of employees (depending on the areas covered in this application) along with an indication of how many of those are IFoA Members, Actuaries (but not IFoA Members) and non-actuary employees.  Only the city or town plus the country in which the offices are located are required (e.g. Kuala Lumpur, Malaysia). For offices located in the UK please indicate whether the office is located in England, Northern Ireland, Scotland or Wales (e.g. ‘York, England, or ‘Cardiff, Wales’). It is not necessary to provide full addresses.  If there is more than one location for each territory (e.g. if there are two offices in Singapore, or three offices in Scotland, this should be indicated in this section of the form by completing one line for each office location). If any employees are not assigned to an office, because they work from home or otherwise work remotely, please enter “offsite” under “Town/City”. | | | |
|  | **4.1.1 Location** | | | |
|  | Town/City Click here to add text  Country Click here to add text | | | |
| **4.1.2 Membership** | | | |
| Total IFoA PC holders | | Click here to add text | |
| Other Fellows | | Click here to add text | |
| Total Associates | | Click here to add text | |
| Total Students | | Click here to add text | |
| Certified AAs | | Click here to add text | |
| Student AAs | | Click here to add text | |
| **4.1.3 Non IFoA Membership** | |  | |
| Actuaries | | Click here to add text | |
| Other (non-actuaries) | | Click here to add text | |
| Other Actuarial Associations whose members are employed by applicant organisations (if applicable) | | Click here to add text | |
| **4.1.4 Key Areas of Work, or Business** | | | |
| This section is designed to understand the key business areas or departments for the Applicant’s actuarial work and whether particular key areas are based at certain locations. In explaining whether a business area or department is a significant, the sort of factors to be taken into account will depend on the nature of the Organisation but might include: (a) the approximate percentage of income the Applicant derives from that business area (where an Applicant derives income directly from actuarial services); and, (b) the percentage of actuarial staff working in those areas (as a guide, over 25% of total actuarial staff working in a department would be likely to be deemed significant).  Please set out the different actuarial business areas/departments of the Applicant and indicate: (i) the office locations where that business area is conducted; and, (ii) whether this is a significant area of business or actuarial services function for the Applicant.  Please provide a description of the relevance of this business area, or department, to the Applicant’s actuarial work | | | |
|  | Actuarial business areas or department | | Click here to add text | |
| Principal office location :Town/City | | Click here to add text | |
| Significance Level | | Click here to add text | |
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| **5. Senior Quality Assurance Representatives** |  | **5.1 Lead SQAR** | | | |
|  | Please confirm the following information in respect of the individual, or group of individuals, being proposed as Senior Quality Assurance Representatives (SQARs) for the Applicant. Please explain the qualifications, experience, ability to influence and justification for each individual to hold the post of SQAR.  Please note: Applicants are encouraged to nominate more than one SQAR, however, if it is intended that there be only one SQAR then that individual must be an IFoA Member. Similarly, if a group is proposed then at least one of the individuals nominated must be a Member.  Please see Section 13 of the QAS Handbook for details of the specific SQAR responsibilities.  Further to this, the following information will help the QAS Committee when determining the application for a SQAR:   * The level of seniority or position which affords the SQAR(s): (i) direct access to the board or decision-making function * of the Organisation; and (ii) the ability to influence the operational management of the Organisation. * The way in which they will actively promote the Actuarial Profession Standard (APS) QA1 objectives within your Organisation; * Where a group of individuals is proposed then an explanation should be provided as to how it is intended that the group will work together to fulfil the SQAR responsibilities set out in the QAS Handbook.   Please continue on a separate sheet for any additional proposed SQARs. | | | |
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|  | Name | | | Click here to add text |
|  | Job title | | | Click here to add text |
|  | Start date at Accredited Organisation | | | Click here to enter a date. |
|  | Is this person an IFoA Member? | | | Yes/No |
|  | If yes what is their Membership Status? | | | Choose an item. |
|  | Year of qualification | | | Click here to enter a date. |
|  | Does this person have any memberships with any other actuarial professional body, or bodies with full International Actuarial Association membership? | | | Yes/No |
|  | If “Yes” please indicate which one(s) | | | Click here to add text |
|  | **5.2 Additional SQAR** | | | |
|  | Name | | | Click here to add text |
|  | Job title | | | Click here to add text |
|  | Start date at Accredited Organisation | | | Click here to enter a date. |
|  | Is this person an IFoA Member? | | | Yes/No |
|  | If yes what is their Membership Status? | | | Choose an item. |
|  | Year of qualification | | | Click here to enter a date. |
|  | Does this person have any memberships with any other actuarial professional body, or bodies with full International Actuarial Association membership? | | | Yes/No |
|  | If “Yes” please indicate which one(s) | | | Click here to add text |
|  | **5.3 Seniority, Knowledge & Experience and Ability to Influence** | | | |
|  | | Please provide details of each proposed SQAR’s relevant knowledge and experience. Please also provide details here of the level of access each proposed SQAR has to your organisation’s Board or decision making function and details of each individual’s ability to influence the operational management of the Organisation  Click here to add text | | |
|  |  | **5.4 Promotion of APS QA1 and Group Working (if applicable)** | | | |
|  |  | Please provide details here of how it is intended that the SQAR(s) will carry out the responsibilities of their role, including details of how it is proposed that a group of SQARs will work together, if applicable  Click here to add text | | | |
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| **6. APS QA1** |  | **PLEASE NOTE**  Please read Section 2 and Appendix A of [Actuarial Profession Standard (APS) QA1](https://www.actuaries.org.uk/system/files/field/document/APS%20QA1%20-%20April%202022.pdf) before completing this section.  The aim of this section is to ensure that your organisation is complying with the requirements in APS QA1, in particular that there are appropriate principles, policies and procedures in place relating to the QAS Outcomes, and that these are applied, to ensure that a working environment is created which assists employees in producing high quality actuarial work.  Please note that the Assessment Team will require sight of relevant policies and procedures. It is preferred that these are supplied at this stage but Applicants may provide these during the assessment visit. | |
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| **6.1 Professionalism**   * **Effective Quality Assurance** * **Conflicts of interest** | |
| Click here to enter text. | |
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| **6.2 Development and Training**   * **CPD Scheme (if not opted in to QAS CPD)** * **Professional Competence** * **Professional Development** * **Support for new Members and those seeking to become Members** * **Consideration of the needs of those who may not be members but who are involved in Actuarial Work** | |
| Click here to enter text         . | |
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| **6.3 Organisational Culture**   * **Relationships with Users** * **Proactive promotion of Diversity, Equity and Inclusion** * **Speaking Up** | |
| Click here to enter text         . | |
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| **7. Organisational Structure** |  | **PLEASE NOTE**  If relevant, please provide an organogram which confirms the Applicant’s organisational structure. Provision of an organogram is likely to be relevant where:   * the Applicant is a part of an Organisation rather than all of it (in order to show how it fits into the whole Organisation and to demonstrate how it is identifiable); * the Applicant proposes a group of individuals to be SQARs and an organogram would be useful to demonstrate how those individuals meet the required criteria for that role (e.g. in terms of the ability to influence operational management or the requirement to have direct access to the Applicant’s Board or decision-making function); or * it would assist with understanding a particularly complex organisational structure.   However, this is not an exhaustive list and there may be other circumstances in which it is felt that it would be helpful or easier to provide an organogram. | | | |
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| **8. Other relevant Information** | **8.1 Other Relevant Information** | | | |
| Please provide any other information which is relevant to this application for QAS Accreditation. This may include details of any other relevant mark or accreditation held at the time of the application. Applicants should include evidence of their accreditation, with complete information regarding the findings or conclusions from the last relevant assessment and/or, where applicable, inspection or assessment visit.  Click here to enter text. | | | |
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| **9. Declaration** |  | **PLEASE NOTE**  Please note that, the IFoA retains discretion to determine that an applicant should be within a particular Band even though the criteria indicate a different Band. This reflects that, the Bands correspond to the number of days assessment required and will apply in circumstances where it is decided an applicant needs more or less assessment due to the nature and size of the Applicant. | | | | |
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| **9.1 Fee Category** | | | | |
| **Band 0**   * *turnover >£1.0bn p.a.* * *employs > 50 Members* | | | Yes/No | |
| **Band 1**   * *£1bn p.a.>turnover >£100m p.a.* * *employs > 20 Members* | | | Yes/No | |
| **Band 2**   * *£100m p.a. >turnover >£6.5m p.a.* * *employs > 20 Members* | | | Yes/No | |
| **Band 3**   * *£6.5m p.a. > turnover* * *0 to 1 office sites* * *employs > 1Member* | | | Yes/No | |
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| **PLEASE READ THIS NOTICE BEFORE SIGNING**  In signing the below you confirm that you have the legal authority to sign on behalf of the organisation, that the information supplied is correct to the best of your knowledge and belief, that you are entitled to provide the information requested on behalf of the organisation, that there is a lawful basis for the transfer of all personal data provided, and that you have read and understood the IFoA’s [QAS Privacy Notice](https://www.actuaries.org.uk/quality-assurance-scheme-qas-privacy-notice). | | | | |
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| **9.2 Signature** | | | | |
| **Signed** | | Click here to enter text. | | |
| **on behalf of** | Click here to enter text. | | | |
| **Name** | Click here to enter text. | | | |
| **Job title** | Click here to enter text. | | | |
| **Date** | Click here to enter a date. | | | |
| Please return your completed form to [qas@actuaries.org.uk](mailto:qas@actuaries.org.uk). | | | | |
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