

Quality Assurance Scheme

Application Form



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0. Welcome to the QAS

Please note that the terms defined in APS QA1 are used in this application form.

The 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.

Information should be correct as at the date of application.

Please return the completed Application Form to QAS@actuaries.org.uk.

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.



1. Organisation Profile

Please complete the following information in respect of the Organisation or department, office or business area seeking accreditation (referred to as 'the Applicant').

1.1 Organisation Name
Name of the Applicant
Legal entity, or entities (if different)
Trading name (if applicable)
1.2 Principal Office Location
Building/Floor/Suite
Street number
Street name
Town/City
County/Region/State
Postcode/ZIP
Country
1.3 Primary Contact
Name
Job title
Building name or number
Street number
Street name
Town/City
County/Region/State
Postcode/ZIP
Country
Primary telephone number
Email address
1.4 Relevant Part of the Organisation Applying
If applicable, describe the Relevant Part(s) of the Organisation(s) applying.
Please provide the principal office location (if different to the above).
Building/Floor/Suite
Street number
Street name
Town/City
County/Region/State
Postcode/ZIP
Country

NOTE 1

Applications can be made in respect of a whole organisation or in respect of a defined part of an Organisation (such as a department, office or business area) as long as it is clearly identifiable as a distinct part of the Organisation. It should be made clear on the application form the geographic extent of the application including which geographic territories are covered. When completing these sections, Applicants are asked to clarify the legal entity (or entities) constituting the 'Organisation'.

NOTE 2

In 1.3 applicants are asked to nominate an individual to be the main point of contact in respect of the application. This person will receive correspondence in relation to the Organisation's accreditation. It may be the individual, or one of the group, nominated in 4, below, to be a Senior Quality Assurance Representative.

NOTE 3

In 1.4 should explain how the part of the Organisation being accredited is clearly identifiable as a separate part of the Organisation. It should also set out the relevant legal entity, or entities, making up that part.



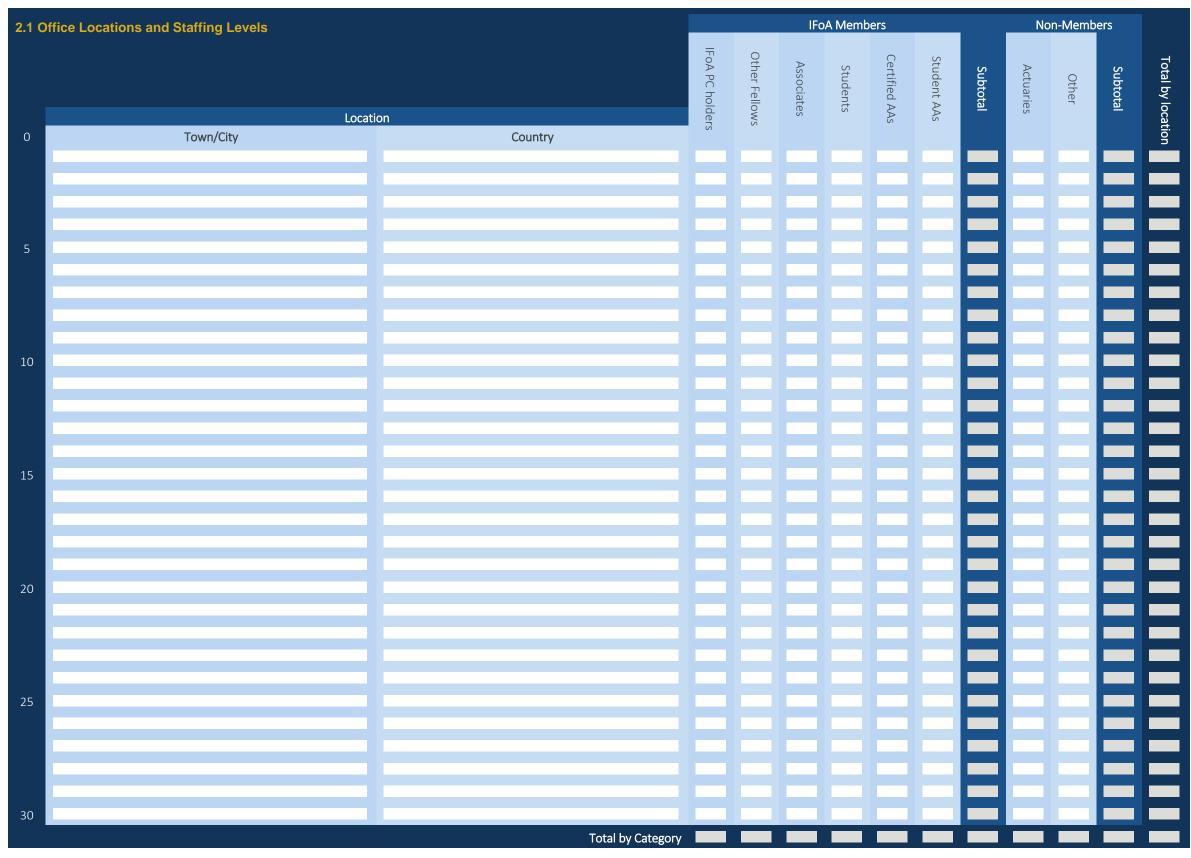
Please complete the following information in respect of the Organisation or department, office or business area seeking accreditation (referred to as 'the Applicant').

1.5 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.



2. Offices and Personnel

Please state the location(s) of the Applicant's office(s) and provide the number of employees for each office as appropriate (depending on the areas covered in this application) along with an indication of how many of those are IFOA Members and how many employees are actuaries but not IFOA Members and how many employees are not assigned to an office, because they work from home or otherwise work remotely, please enter "offsite" under "Town/City". Staff in the table below should be recorded according to their Full Time Equivalent status.



NOTE 4

Applicants are asked to provide the number of employees in each location. This is to provide an understanding of the size and makeup of the Organisation and its Actuarial Work, and to inform the selection of a location for the assessment visit, where appropriate. 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".



The form asks for information about the memberships held by employees of different actuarial member associations. This is to provide the assessment team with an understanding of the different professional requirements applying to actuaries within the organisation and to ensure that the assessment process takes that into account.

.2 Members	of Other Actuarial Associations		Comb	oination of Membe	erships with Othe	r Actuarial Associ	ations	Nur	nber	
	Location		Membership	Membership 2	Membership 3	Membership 4	Membership 5	Qualified	Studyings	Ħ
0	Town/City	Country	1	۷	3	7	3	ed	Sgl	Total
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									-	
5										
									_	
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5										
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_										
0										
_									-	
5									-	
0										
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							otal by Category			

NOTE 5

The form asks for information about the memberships held by employees of different actuarial member associations. This is to provide the assessment team with an understanding of the different professional requirements applying to actuaries within the organisation and to ensure that the assessment process takes that into account. Please use the dropdown menus to show each unique combination of memberships held by one or more employees (e.g. if one or more employees is a member of the Society of Actuaries, the Lithuanian Actuarial Society, and the Danish Society of Actuaries you should select the names of these three associations from the columns "Membership 1," "Membership 2" and "Membership 3"). If more than one employee has this combination of membership and those employees work at different locations, then one line of the table should be completed for each location to which this combination applies.



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.

2.3	Key Areas of Work, or Business		Please provide a description of the relevance of this business area, or department, to the Applicant's actuarial work.
1	Actuarial business areas or department Principal office location Significance Level	Town/City Country	
2	Actuarial business areas or department Principal office location Significance Level	Town/City Country	
3	Actuarial business areas or department Principal office location Significance Level	Town/City Country	
4	Actuarial business areas or department Principal office location Significance Level	Town/City Country	
5	Actuarial business areas or department Principal office location Significance Level	Town/City Country	
6	Actuarial business areas or department Principal office location Significance Level	Town/City Country	
7	Actuarial business areas or department Principal office location Significance Level	Town/City Country	
8	Actuarial business areas or department Principal office location Significance Level	Town/City Country	

NOTE 6

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 provide a note of any other relevant accreditations (e.g. ISO 9001) currently held by the Applicant.

2.4 Other Relevant Accreditations			
5			
10			
10			
15			
20			



3. Senior Quality Assurance Representatives

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 and justification for each individual to hold the post of SQAR.

Details of the sort of qualifications and experience likely to make an individual (or group of individuals) qualified to hold the post of SQAR are set out in Section 15 of the QAS Handbook. Further to this, the following information will help the QAS Sub 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.
- Please outline how 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 that role.
- There should be express reference to whether the individual (or individuals) are Members of the IFoA (along with the category of membership held).
- All nominated SQARs should provide information on their relevant qualifications, length of service or experience and experience including length of service with your Organisation, and that may be relevant.

Please complete a separate sheet for additional SQARs proposed.



Please explain the qualifications or experience which qualifies the individual to hold post of SQAR. Please complete a separate sheet for additional SQARs proposed.

Does this person have any memberships with any
other actuarial professional body, or bodies with full
International Actuarial Association membership?
If "Yes" please indicate which one(s)
Membership 1
Membership 2
Membership 3
Membership 4
Membership 5
ice
erience

NOTE 7

Details of the sort of qualifications and experience likely to make an individual (or group of individuals) qualified to hold the post of SQAR are set out in the QAS Handbook. Where a group of individuals is proposed then an explanation should also be provided as to how it is intended that the group will work together to fulfil that role. There should be explicit reference to whether the individuals are Members of the IFoA (along with the category of membership they hold) although there is no restriction on non-Members being a SQAR if they meet the criteria.



Organisations are encouraged to have more than one SQAR to encourage attendance at all SQAR Forums and to promote the QAS within their organisations. Please explain the qualifications or experience which qualifies the individual to hold post of SQAR.

3.4 Additional SQAR		
Name Job title Start date at Accredited Organisation	other actuarial p	have any memberships with any rofessional body, or bodies with full tuarial Association membership?
Town/City	If "Yes"	please indicate which one(s)
Country	Membership 1	
	Membership 2	
Is this person an IFoA Member?	Membership 3	
IFoA Membership Status	Membership 4	
Year of qualification	Membership 5	
3.5 Seniority and Ability to Influer 3.6 Relevant Knowledge and Expense		

NOTE 7

Details of the sort of qualifications and experience likely to make an individual (or group of individuals) qualified to hold the post of SQAR are set out in the QAS Handbook.

Applicants are encouraged to consider nominating 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.



If you have nominated more than one SQAR, please provide an explanation as to how it is intended that the group will work together to fulfil their roles.

3.7 Group Working	Where a group of individuals is proposed then an explanation should also be provided as to how it is intended that the group will work together to fulfil that role. If a group is proposed then at least one of the individuals nominated must be a Member.



4. Actuarial Profession Standard QA1

Please provide a description of the policies, procedures or support in place to assist Members in meeting their professional obligations and in producing high quality work, in relation to each of the following areas:

- Quality Assurance (including Work Review);
- Conflicts of Interest;
- the **Development and Training** of Members;
- members Speaking Up where they identify issues of concern; and,
- Relationships with Users (including engagement and communication with Users and the handling and appropriate resolution of issues raised that relate to Members or Actuarial Work).

Please note that this description may be supplemented by copies of internal policies, procedures, relevant internet or intranet pages which operate to achieve the outcomes of <u>Actuarial Profession Standard (APS) QA1</u>. If possible, in order to assist the Assessment Team with planning their visit, copies of policies and procedures should be provided in advance with this application. Alternatively, Applicants may wish to allow the Assessment Team access to those resources in the course of the assessment visit.



4.1 Quality Assurance		

In Section 4 of the application form, Applicants are asked to describe the policies, procedures or support in place which help to achieve those outcomes. This should be a short summary of the steps taken by the Applicant and should run to no more than one page for each outcome.



4.2 Conflicts of Interest	

In Section 4 of the application form, Applicants are asked to describe the policies, procedures or support in place which help to achieve those outcomes. This should be a short summary of the steps taken by the Applicant and should run to no more than one page for each outcome.



4.3 Development and	Training

In Section 4 of the application form, Applicants are asked to describe the policies, procedures or support in place which help to achieve those outcomes. This should be a short summary of the steps taken by the Applicant and should run to no more than one page for each outcome.



4.4 Speaking Up		

In Section 4 of the application form, Applicants are asked to describe the policies, procedures or support in place which help to achieve those outcomes. This should be a short summary of the steps taken by the Applicant and should run to no more than one page for each outcome.



4.5 Relationship with Users	

In Section 4 of the application form, Applicants are asked to describe the policies, procedures or support in place which help to achieve those outcomes. This should be a short summary of the steps taken by the Applicant and should run to no more than one page for each outcome.



5. Organisational Structure

If relevant, please provide an organogram which confirms the Applicant's organisational structure. Provision of an organogram is likely to be relevant where:

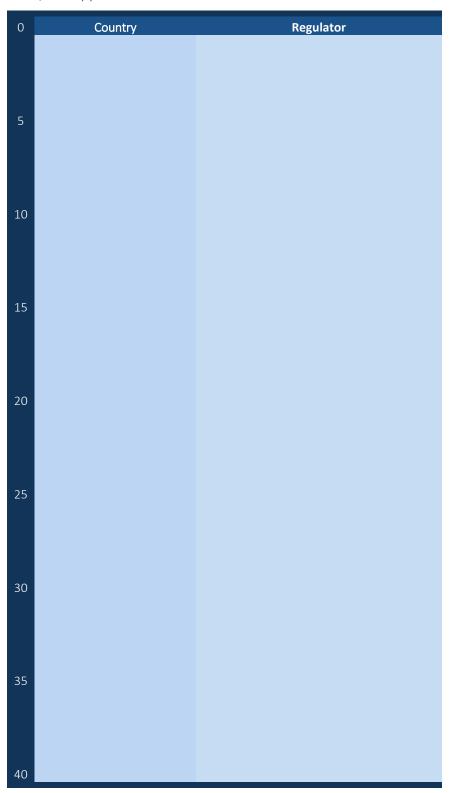
- the Applicant is a part of an Organisation rather than all of it (in order to show how it fits into the whole Organisation and to demonstrate how it is identifiable);
- the Applicant proposes a group of individuals to be SQARs and an organogram would be useful to demonstrate how those individuals meet 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 appropriate to provide an organogram. Applicants should also feel able to provide one if they feel that it would be helpful or easier to do so.



6. Other Regulators

Please list details of any other regulators the Applicant reports to in relation to, or which are otherwise relevant to, the Applicant's Actuarial Work.



NOTE 10

Applicants should include any statutory regulators, professional membership bodies or other regulators that have some authority in relation to the Organisation (including voluntary arrangements where that regulatory authority is conferred by the Organisation's agreement). This question is posed to enable us to better understand how the organisation (and, where appropriate, the office or department seeking accreditation) is regulated.



7. Other Relevant Information

Please provide any other information which is considered to be relevant to this application for QAS accreditation. If this includes documentation, please use the button provided. **NOTE 11** In Section 7 of the form, Applicants are invited to detail any other information which is considered to be relevant to their application



8. Declaration

8.1 Fee Category

Please indicate which of the QAS fee categories applies to the Applicant. If you are unclear as to the Band that your Organisation then please visit the relevant page on the IFoA website, get in touch with your QAS contact, or submit a query to QAS@actuaries.org.uk.

Band 0	Band 1	Band 2	Band 3
turnover > £1.0bn p.a.employs > 50 Members	f1bn p.a.>Turnover >f100m p.a.employs > 20Members	£100m p.a. > turnover > £6.5m p.a.employs > 20 Members	 £6.5m p.a. > turnover 0 to 1 office sites employs > 1 Member

8.2 Declaration

I confirm that I have the legal authority to sign on behalf of the Applicant, that the information supplied is correct to the best of my knowledge and belief, that I am entitled to provide the information requested on behalf of the Applicant, and that there is a lawful basis for the transfer of all personal data provided.

Signed				
For and on behalf of				
	(the Applicant)			
Name				
Job title				
8.3 Return Details				
Please return the completed Application Form to QAS@actuaries.org.uk.				

NOTE 12

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.

NOTE 13

Applicants are invited to 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.



Beijing

14F China World Office 1 · 1 Jianwai Avenue · Beijing · China 100004 **Tel:** +86 (10) 6535 0248

Edinburgh

Level $2 \cdot$ Exchange Crescent \cdot 7 Conference Square \cdot Edinburgh \cdot EH3 8RA **Tel:** +44 (0) 131 240 1300 \cdot **Fax:** +44 (0) 131 240 1313

Hong Kong

1803 Tower One · Lippo Centre · 89 Queensway · Hong Kong **Tel:** +852 2147 9418

London (registered office)

7th Floor · Holborn Gate · 326-330 High Holborn · London · WC1V 7PP **Tel:** +44 (0) 20 7632 2100 · **Fax:** +44 (0) 20 7632 2111

Oxford

1st Floor · Park Central · 40/41 Park End Street · Oxford · OX1 1JD **Tel:** +44 (0) 1865 268 200 · **Fax:** +44 (0) 1865 268 211

Singapore

163 Tras Street · #07-05 Lian Huat Building · Singapore 079024 **Tel:** +65 6906 0889

www.actuaries.org.uk

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