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| **IMPORTANT – PLEASE READ BEFORE COMPLETING THIS FORM**  The purpose of the Change of Senior Quality Assurance Representative (SQAR) Form is to:   * nominate an additional SQAR (including one who will become Lead SQAR); * replace a current SQAR, (including the Lead SQAR); * nominate one of your current SQARs as Lead SQAR; or * change the Lead SQAR;   All SQARs must have relevant experience and expertise, and their position must give them the ability to influence their organisation at the most senior level. This must be demonstrated in this form.  Note: if you wish to remove a SQAR, who is not the only SQAR at your organisation, you can do so by emailing us.  Please note that each organisation must have at least one SQAR who is an IFoA member. This person does not need to be the Lead SQAR.  Prior to completing this form please read [Actuarial Profession Standard (APS) QA1](https://www.actuaries.org.uk/system/files/field/document/Revised%20APS%20QA1.pdf), and the relevant section of the [QAS Handbook](https://www.actuaries.org.uk/system/files/field/document/QAS%20Handbook%20v2%20updated%20March%202020%20with%20appendices_0.pdf).  Your submission will be reviewed by the IFoA, so any proposed change will be effective only once you have received confirmation that the change has been approved.  The information you provide on this form will be held 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). |
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| **If you have any questions about the completion of the form please email** [**qas@actuaries.org.uk**](mailto:qas@actuaries.org.uk)**.** |

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| **1. Proposed Change** |  | **1.1 Replacement or Additional SQAR** | | | |
| Are you adding a new SQAR? | | | Select |
| Are you replacing a SQAR? | | | Select |
| If “Yes,” who is being replaced? | | | Click here to indicate who is being replaced |
|  | | | |
| **1.2 Lead SQAR** | | | |
| Are you changing the Lead SQAR? | | | Select |
| If “Yes,” who will be Lead SQAR? | | | Click here to indicate who will be Lead SQAR |
| Is the current Lead SQAR remaining a SQAR? | | | Select |
| If you are using this form to change Lead SQAR, please click here to explain their suitability for this role | | | |
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|  | **1.3 Group Working** | | | |
| If your proposal will result in having more than one SQAR, please click here to explain the roles and responsibilities each SQAR will take on, and how the group will work together | | | |
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| **2. Proposed SQAR (if applicable)** |  | **2.1 Proposed SQAR Contact Details** | | | |
| Name | | | Click here to enter your response |
| Job title | | | Click here to enter your response |
| Email Address | | | Click here to enter your response |
| ARN (if applicable) | | | Click here to enter your response |
|  | | | |
| **2.2 Proposed SQAR Actuarial Qualification** | | | |
| Is this person a qualified actuary? | | | Select |
| Is this person an IFoA Member? | | | Select |
| If “Yes,” what is their status? | | | Select |
| If “No,” with whom did they qualify? | | | Click here to indicate who will be Lead SQAR |
|  | | | |
| **2.3 Relevant Knowledge and Experience** | | | |
| Please describe how the proposed SQAR’s knowledge, experience and seniority makes them suitable for the role of SQAR. Please see Section 16 of the [QAS Handbook](https://www.actuaries.org.uk/system/files/field/document/QAS%20Handbook%20v2%20updated%20March%202020%20with%20appendices_0.pdf) for more detail. | | | |
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| Click here to enter your response | | | |
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| **2.4 Ability to Influence** | | | |
| Please provide a brief description of the proposed SQAR’s role and how this enables them to effectively influence at an organisational level. This should include information about any Board or Committee, or other significant governance function to which this persons contributes or holds influence. | | | |
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| Click here to enter your response | | | |
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| **3. Declaration** |  | **PLEASE READ 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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| **3.1 Signature** | | | |
| **Signed** | |  | |
| **of behalf of** | Click here to enter your Organisation’s name | | |
| **Name** | Click here to enter your response | | |
| **Job title** | Click here to enter your response | | |
| **Date** | Click here to enter a date | | |
| Please return your completed form to [qas@actuaries.org.uk](mailto:qas@actuaries.org.uk). | | | |