



**Application to act as a supervisor of an actuary during an adaptation period
under the Actuarial Association of Europe Agreement**

1. Notes

1.1. Please read the accompanying [notes](#) before completing this form.

2. Your details

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

ARN: _____

Forename(s): _____

Surname: _____

Any previous name by which you have been known: _____

Date of birth:

D	D
<input type="text"/>	<input type="text"/>

M	M
<input type="text"/>	<input type="text"/>

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment details

Company name: _____

Company Address (including department): _____

Postal Town: _____

County: _____

Country: _____

Postcode: _____

Telephone Number: _____

Fax Number: _____

Your company e-mail address: _____

Year of admission as an FFA/FIA:

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of last professional skills course
attended: _____

3. Supervised Actuary's details

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

Forename(s): _____

Surname: _____

Actuarial qualification and country in which gained: _____

Member of which full member association of the AAE: _____

Date on which practical experience as an actuary began: _____

4. Declaration to act as Supervisor

I certify that (please tick the relevant boxes below):

4.1. I will be responsible for the professional work of: _____
(name of supervised actuary) during his/her adaptation period and confirm that I have the relevant knowledge to assess that the actuary's work is of the standard expected of an actuary working in the same field.

4.2. I have read the details set out in the Certificate of Completion of Adaptation Period

4.3. I have kept my Continuing Professional Development requirements up-to-date in accordance with the Institute and Faculty of Actuaries' CPD scheme.

4.4. I have complied with the professional skills requirements of the Institute and Faculty of Actuaries as set out from time-to-time.

4.5. I have worked as a Fellow (FIA/FFA) for at least 3 years of the last 5 years.

4.6. I am currently engaged in the work of:

- a general insurance office;
- the Government Actuary's Department;
- a professional firm;
- a firm of stockbrokers;
- a life assurance office;
- a firm or institution carrying out actuarial work in health and care;
- a UK academic institution and I undertake specific research or actuarial consultancy or teach courses involving specific matters as part of or in parallel with my academic role; or
- another organisation approved by the Institute and Faculty of Actuaries.

4.7. I certify that the information provided in this application is complete and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Name: _____ FFA/FIA ARN: _____

(BLOCK LETTERS)

5. What else do I need to do?

- 5.1. You need to submit this form to the Membership Team of the Institute and Faculty of Actuaries at Level 2 Exchange Crescent, 7 Conference Square, Edinburgh, EH3 8RA or by email to membership@actuaries.org.uk

How we use your personal data

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