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| IFOA_logo_ | | | **Supervisor Final Sign Off form for Work Experience applications** | | | | | |
|  | | | | | | | | |
| *Please complete this form and send it in with your online application.*  **All sections of this form must be completed in full by a qualified Fellow.**  **(Please ensure a qualification certificate is provided if not a Fellow of the IFoA)** | | | | | | | | |
| **Member personal details** | | | | | | | | |
| **Name (BLOCK CAPITALS)** |  | | | | **ARN** | |  | |
|  | | | | | | | | |
| **Designation sought** | Associate | | | | Fellow | | | |
| **Final supervisor’s details**  *This section**must be completed by a Fellow of an Actuarial body or association recognised by the International Actuarial Association (IAA)* | | | | | | | |
| **Name (BLOCK CAPITALS)** | |  | | | | | |
| **ARN** | |  | | (*If not an IFoA Fellow, please provide the name of the actuarial body you are associated with and send the qualification certificate with the application)* | |  | |
| **Employer** | |  | | **Job title** | |  | |
| **Address** | |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Final supervisor declaration** | | | | |
| **I believe that (students name)** | |  | | |
| has fulfilled their PPD competencies as part of the qualification requirements to be a  Associate \* Fellow \* (tick as appropriate)  and that this aspect of the actuarial training has been satisfactorily completed, I confirm that having reviewed the work experience; no entries have been duplicated. | | | | |
| **Employer’s name** | |  | | |
| T*he minimum requirement PPD:*  *1 year (12 month) for Associate for members who joined before 2nd January 2019, and 2 years (24 month) for members who joined after 2nd January 2019. 3 years (36 months) is required for Fellow.* | | | | |
|  | | | | |
| **Full name (BLOCK CAPITALS)** |  | | | |
| **Signature \**Electronic signatures accepted*** |  | | **Date** |  |