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| IFOA_logo_ | **Supervisor Final Sign Off form for Work Experience applications** |
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| *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** |  |

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| **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** |  |