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|  | | Certified Actuarial AnalystWork-based skills **Learning log – review form** | |
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| *Please complete this form and return it to:*  *CAA administration team, C/O The Institute and Faculty of Actuaries, 1st Floor, Park Central, 40/41 Park End Street, Oxford, OX1 1JD, UK Tel: +44 (0)1865 268266 Email:* [enquiries@caa-global.org](mailto:enquiries@caa-global.org)  **All sections of this form must be completed in full. Failure to do so will result in your form being returned.**  Please complete details on another sheet of paper if more space is required and attach securely. | | | |
| **Student’s details** | | | |
| **Name (BLOCK CAPITALS)** | | |  |
| **ARN** |  | | |
| **Employer** |  | | |

**Period covered**

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| from |  |  | / |  |  | / |  |  | to: |  |  | / |  |  | / |  |  |

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| **Work-based skills under development**  (To be completed by manager) |
| Please list under headings. |
| **Technical application of actuarial skills** |
| **Professional and ethical** |
| **Communication** |

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| **Self-assessment of skills development**  (To be completed by student) |
| This should include what has been undertaken and plans for the next stage, including on-the-job training. |
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| **Formal learning activities undertaken**  (To be completed by student) |
| This should include events/courses attended (normally a minimum of 10 hours for each year of learning logs completed)  Please list and discuss relevance and include a self-assessment of benefits gained from each course. |
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| **Evidence of completed review questions on work-based skills**  (To be completed by student) |
| Attach answers and feedback given by the supervisor. The date of completion should be included. If the material is commercially sensitive then the question response may be withheld. However, evidence of some review questions should be included. |
| (Please indicate the question(s) answered, e.g. A3) |

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| **Supervisor’s comments** |
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| **Supervisor’s signature** | | | |
| I have discussed the development of work-based skills with the student and believe that progress has been made. Future areas for development have been identified.  The supervisor’s details should be given below. | | | |
|  | | | |
| **Signature** |  | **Date** |  |

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| **Supervisor’s details** | | | | | |
| **Name (BLOCK CAPITALS)** | |  | | | |
| **ARN** |  | | | | |
| **Employer** |  | | | **Job title** |  |
| **Address** |  | | | | |
|  | | | | |
| **Email** |  | | | **Telephone** |  |
| **Other professional qualifications:** | | |  | | |
|  | | | | | |
| **When the student has passed all the exams, completed at least one year’s experience and developed in each of the skills areas the final signature should be given and the learning log sent to the CAA administration Team.** | | | | | |