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| --- | --- | --- | --- | --- |
|  | | Certified Actuarial AnalystWork-based skills **Learning log – final sign off form** | | |
|  | | | | |
| *Please complete this form and return it via email to:* [*enquiries@caa-global.org*](mailto:enquiries@caa-global.org)  *THIS FORM IS FOR PAYMENT IN US DOLLARS ONLY*  **All sections of this form must be completed in full. Failure to do so will result in your form being returned.** | | | | |
| **Personal details** | | | | |
| **Name (BLOCK CAPITALS)** |  | | **ARN** |  |
|  | | | | |
| **Designation sought** | Certified Actuarial Analyst | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | D | D |  | M | M |  | Y | Y |
| **Date of starting work-based skills** |  |  |  | / |  |  | / |  |  |
| **Date of completion of work-based skills** |  |  |  | / |  |  | / |  |  |

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| --- | --- | --- | --- |
| **Employer’s details** | | | |
| **Employer** |  | | |
| **Address** |  | | |
|  | | |
| **Email** |  | **Telephone** |  |

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| **Final supervisor’s details**  *This section**must be completed by a Fellow of the Institute and Faculty of Actuaries or Society of Actuaries.* | | | | |
| **Name (BLOCK CAPITALS)** | |  | | |
| **ARN** |  | | | |
| **Employer** |  | | **Job title** |  |
| **Address** |  | | | |
|  | | | |
| **Email** |  | | **Telephone** |  |

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| --- |
| **Summary of work-based skills completed (if applicable)**  **If you have used your own questions please give details in each section** |
| **Technical application of actuarial skills**  **Review questions completed (and date completed)** |
| **Professional and ethical**  **Review questions completed (and date completed)** |
| **Communication**  **Review questions completed (and date completed)** |

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| **Final supervisor’s signature** | | | | | | |
| **I believe that** |  | | | **(student’s name)** | | |
| has developed their work-based skills in each of the key dimensions as part of the requirements to be a  Certified Actuarial Analyst  and that this aspect of the actuarial training has been satisfactorily completed for | | | | | | |
| **employer’s name** | |  | | | | |
| \*It is assumed that the normal period of development of work-based skills will be one year for a Certified Actuarial Analyst | | | | | | |
|  | | | | | | |
| **Full name (BLOCK CAPITALS)** | | |  | | | |
| **Signature** |  | | | | **Date** |  |
|  | | | | | | |
| **When submitted for final approval this learning log must be accompanied by the relevant fee**  USD Full Rate: $100.00 - Reduced Rate: $60.00 | | | | | | |
|  | | | | | | |
| **See next page for payment details** | | | | | | |

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| **Payment details** | | | | | | |
|  | | **Bank transfer** | **USD$** | A remittance advice must accompany this form as proof of your payment | | |
| **Account name** | | | CAA Global Ltd | | **IBAN** | GB96NWBK60730127684989 |
| **Account number** | | | 140/00/27684989 | | **Bank name** | National Westminster Bank PLC |
|  | | |  | | **Bank address** | Holborn Circus Branch  PO Box No 204  No.1 Hatton Garden  London, EC19 1DU |
| **SWIFT** | | | NWBKGB2L | |
| **Please enter Bank transfer payment reference:** | | | | | | |
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|  | **Visa , Amex or MasterCard – can only accept payment in GBP** | | | | | |
| **If you wish to pay by card we will invoice to your online account for payment once you application begins its review.** | | | | | | |