|  |  |
| --- | --- |
|  | Certified Actuarial Analyst Work-based skills**Learning log – final sign off form** |
|  |
| *Please complete this form and return it via email to:* *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 |

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

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

|  |
| --- |
| **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** |  |

|  |
| --- |
| **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)** |

|  |
| --- |
| **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** |

|  |
| --- |
| **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 BranchPO Box No 204No.1 Hatton GardenLondon, EC19 1DU |
| **SWIFT** | NWBKGB2L |
| **Please enter Bank transfer payment reference:** |
|  |
|  |
| [ ]  | **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.** |