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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application for the CERA credential through the Aktuarvereinigung Österreichs (AVÖ*insert Association name* | | | | | | | | | | | | | | | | | | |
| **Section 1** | | | | | | | | | | | | | | | | | | |
| Provide your details in the fields below | | | | | | | | | This form can be returned via email or post (delete as appropriate) to:  <insert address> | | | | | | | | | |
| **Check one:** | | | | | | | | | | | | | | | | | | |
| I am a member of the Aktuarvereinigung Österreichs (AVÖ), meet the eligibility criteria of the Aktuarvereinigung Österreichs (AVÖ), and am therefore applying for the CERA designation through the Aktuarvereinigung Österreichs (AVÖ). | | | | | | | | | | | | | | | | | | |
| I am a member of the ……………………………………………………….and already hold the CERA designation. I would like to transfer supervision of the designation to the *<insert Association name>*. I am currently holding the CERA designation through:  (*print name of association*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | | |
| Family name |  | | | | | | | | Given name(s) | | | | |  | | | | |
| Address 1 |  | | | | | | | | Address 2 | | | | |  | | | | |
| Town/City |  | | | | | | | | County/State | | | | |  | | | | |
| Post code/ZIP |  | | | | | | | | Country | | | | |  | | | | |
| Email |  | | | | | | | | AVOE (ID number) | | | | |  | | | | |
| Job title |  | | | | | | | Employer | | | | | |  | | | | |
| Year awarded CERA | 20 | | | | | | | Awarding organisation | | | | | |  | | | | |
| Actuarial association membership |  | | | | | | | Other association membership | | | | | | <optional> | | | | |
| CERA award pathway | Please indicate below which pathway was used to obtain your CERA award | | | | | | | | | | | | | | | | | |
| Exam |  | Experienced Practitioner | | | | | | |  | | Other |  | |  | | | |
| **Section 2** | | | | | | | | | | | | | | | | | | |
| **Check as appropriate:** | | | | | | | | | | | | | | | | | | |
| Has any professional organisation (actuarial or otherwise) ever taken disciplinary action against you as a member or as a candidate? | | | | | | | | | | | | | | | | | **Yes** | **No** |
| Are there any disciplinary action(s) currently pending against you? | | | | | | | | | | | | | | | | | **Yes** | **No** |
| If you have answered yes to either question above, provide details on the next page and attach any supporting documentation. | | | | | | | | | | | | | | | | | | |
| **Section 3** | | | | | | | | | | | | | | | | | | |
| I declare that the above answers are, to the best of my knowledge, information and belief, correct and authorise the *<insert Association name>* to verify the information submitted on this form.  I understand that CERA is a mark owned and registered by the CERA Global Association in various jurisdictions subject to specified standards and regulations that apply in each jurisdiction.  I understand and irrevocably agree that my eligibility for, and continued use of, the CERA credential is conditional, regardless of my membership status, upon compliance with the following regulations and procedures of the *<insert Association name>*:   1. the Bylaws, Rules of Professional Conduct, and Standards of Practice; 2. the Rules of Professional Conduct and Disciplinary Process; 3. the completion of and reporting on Continuing Professional Development (CPD) activities as required from time to time.   I understand and agree, in perpetuity and regardless of my membership status, that:   1. I will comply with the standards and regulations applicable to the CERA mark in each jurisdiction in which I practise; 2. I will promptly report to the *<insert Association name>* any misuse of the CERA mark and any failure to comply with the relevant standards and regulations of which I become aware; 3. the *<insert Association name>*, or any other professional organisation of which I am, or have been, a member, may communicate to any CERA Treaty signatory, all public information regarding disciplinary matters against me under the discipline process of the *<insert Association name>* or relevant professional organisation; 4. my CERA credential may be withdrawn from me if: 5. I am found to have engaged in unprofessional conduct under the Rules of Professional Conduct of the *<insert Association name>*; 6. I fail to pay any fees or charges or disciplinary penalties levied by the *<insert Association name>*, notwithstanding reasonable notice having been given to me to do so; 7. The *<insert Association name>* receives relevant information, whether or not as a result of my consent given above, and the *<insert Association name>* considers that the withdrawal of the CERA credential from me is appropriate and reasonable in all the circumstances; 8. I will cease to use the CERA credential if it is withdrawn from me as a result of any of the matters set out in paragraph (iv) immediately above. | | | | | | | | | | | | | | | | | | |
| **Section 4** | | | | | | | | | | | | | | | | | | |
| Submission of this form allows the CERA Global Association to *collect and store* your details for headcount and audit purposes.  If you tick ‘Use data’, we will send you regular newsletters to keep you informed of the latest news and developments.  If you tick ‘Share data’, your details [name, awarding organisation, employer and job title] will be added to the ‘Find-a-CERA’ database which is a feature of the CERA Global website, and offers a tool by which CERA holders can be found by other CERA holders, employers and members of the public. | | | | | | | | | | | | | | | | | | |
| Use data | | | | Yes |  | No |  | | | |  | | | | | | | |
| Share data | | | | Yes |  | No |  | | | |  | | | | | | | |
|  | | | | | |  | | | | | | | | | |  | | |
| Name (BLOCK CAPITALS) | | | | | | Signature (electronic if applicable) | | | | | | | | | | Date (dd/mm/yyyy) | | |
| **If you answered yes to either question in Section 2, provide details below and attach any supporting documentation.** | | | | | | | | | | | | | | | | | | | |
| **Insert relevant data protection legislation here.** | | | | | | | | | | | | | | | | | | |