



APPLICATION FORM for SAI Mentoring and Support Service

I wish to apply for the mentoring and support service provided by the Society:

Name: Click here to enter text.

Email: Click here to enter text.

Telephone: Click here to enter text.

Your Membership and Type of Support Required (please tick)

□ Students - supported by a recent qualifier □ Recent Qualifier □ Mid-Career

□ Career break/maternity leave □ Moved or considering to move practice area

□ Considering moving to non-traditional roles ('Wider Fields') □ C-Suite or INED roles

□ Members joining the Society under mutual recognition agreements □ Retired member

□ <u>Members Support Panel</u> - please <u>click here</u> to read the relevant details. (You do not need to use this form).

□ Other Click here to enter text.

Additional information (excluding requests for the Society's Members Support Panel service)

Practice Area(s): Click here to enter text.

Job Title: Click here to enter text.

Employer: Click here to enter text.

Location: Click here to enter text.

Year you registered as a student Actuary (Students only): Click here to enter text.

Year of Qualification (Associates and Fellows only): Click here to enter text.

Brief summary of Work Experience: Click here to enter text.

Brief description of type of support required: Click here to enter text.

Other relevant information (optional): Click here to enter text.





□ I understand that the Mentors have undertaken to provide support to Society students or members on a voluntary basis, and have no legal responsibility for advice given and acted upon, or rejected.

 \Box I accept that the Society may discuss my application with potential Mentor(s) in order to find the best match.

Signature:

Name: Click here to enter text.

Date: Click here to enter text.

Please return this completed form by email to: <u>info@actuaries.ie</u> and in the subject field please state '*Application for Mentoring and Buddy Service*' or <u>click here.</u>