PRINT

RESET FIELDS

PARIMA – ANZIIF
CERTIFIED RISK PROFESSIONAL

WORK EXPERIENCE VERIFICATION FORM

CANDIDATE INFORMATION

Candidate's Name: _____

Last Name _____ First Name _____ Middle Name _____

E-Mail Address: _____ Date of Birth: _____

Contact Number: _____ Passport Number: _____

Address: _____ Nationality: _____

PLEASE COMPLETE THE FOLLOWING SECTION WITH EXPERIENCE INFORMATION

PLEASE USE ADDITIONAL FORMS IF NEEDED

EXPERIENCE 1

Name of Organization: _____ Title: _____

Type of Industry: _____

Dates (Month/Day/Year) From: _____ To: _____ ☐ Currently in this position?

EXPERIENCE 2

Name of Organization: _____ Title: _____

Type of Industry: _____

Dates (Month/Day/Year) From: _____ To: _____ ☐ Currently in this position?

EXPERIENCE 3

Name of Organization: _____ Title: _____

Type of Industry: _____

Dates (Month/Day/Year) From: _____ To: _____ ☐ Currently in this position?

Please check all job duties that apply:

AREAS OF RISK FOCUS

- ☐ Assurance (Internal/External Audit)
- ☐ Enterprise Risk Management (ERM)
- ☐ Financial Risk Management
- ☐ Human Resource Risk Management
- ☐ Insurance Risk Management
- ☐ Regulatory / Legal Compliance
- ☐ Risk Governance
- ☐ Strategic Risk Management (SRM)

RISK CONTROLS

- ☐ Business Continuity/Disaster Planning
- ☐ Claims Management
- ☐ Crisis Management
- ☐ Compliance Management (Regulatory)
- ☐ Litigation Management

RISK TRANSFER / FINANCING

- ☐ Alternative Risk Transfer / Captives
- ☐ Insurance Purchase

Others : Please Specify _____

INFORMATION ABOUT VERIFIER

Relationship to Candidate: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

Mobile Number: _____ Direct Line No: _____

E-mail: _____

STATEMENT OF VERIFICATION

I verify that the candidate named on this form has completed the experience as listed above, and I attest that this experience meets the experience requirement of the program to which the candidate is applying, as outlined above.

Verifier's Signature: _____ Date: _____

This document will be reviewed within approximately five business days of receipt. If the document cannot be approved, you will be contacted.