# APM SELF-INVIGILATOR AGREEMENT

1. I confirm that I have been appointed by the Association for Project Management (APM) accredited provider(s) named below to carry out the duties associated with the self-invigilation of APM examinations.
2. I confirm that I have read, understood, and will comply with the self-invigilation section of the APM Service Level Requirements for Examinations and Assessments, and the [Essential Information for Examination Invigilators – Online examinations](https://apmproj.sharepoint.com/:b:/s/AccreditedProviders/EYDxHmfyp6pErjp1eMNBDuEBINjX1eNk_ksConbJbTpzeQ?e=ILb7LQ) (For paper examination guidance – please request a copy from the Qualifications Team).
3. I agree to ensure that APM is kept up to date with my contact details.
4. I agree to conduct assessment events in accordance with APM’s Essential Information for Examination Invigilators.
5. I agree to maintain the security of examination papers and the required examination environment, confirm identity of candidates and advise in writing of any issues that arise during the examination.
6. I agree to return all examination paperwork to APM no later than the next working day after the examinations, via secure, traceable delivery service (paper examinations) or via email for online classroom examinations.
7. I agree to maintain confidentiality regarding the candidate details, the examination papers and the examinations, and comply with the provisions of relevant data protection laws including (i) the General Data Protection Regulation (EU) 2016/679 (GDPR) and any national implementing law, regulations and secondary legislation, as amended or updated from time to time in the UK and (ii) any successor legislation to the GDPR or the Data Protection Act 2018.
8. I agree to co-operate with any APM visits to observe exam delivery (either spot checks or arranged), and to support any requests for data or information as part of the APM self-invigilation quality assurance process.

Accredited Provider(s) name(s)

1.

2.

3.

|  |  |  |
| --- | --- | --- |
| Name: | | APM Membership  Number (if applicable): |
| Address: | | |
| Telephone: | Email: | |
| Signed: | | |
| Date: | | |