



## APM Training Provider Accreditation/Re-accreditation

Please complete the digital form(s) and return by email.  
All contact details are on the back page.

### There are three parts to this form.

Please read below for information on the content and relevance to your application.

<b>Part I</b>	General information	To be completed for all applications.
<b>Part II</b>	Courses leading to: <ul style="list-style-type: none"> <li>■ APM Project Fundamentals Qualification (PFQ)</li> <li>■ APM Project Management Qualification (PMQ)</li> <li>■ Project Risk Management Certificate levels 1 and 2 (Risk 1 and Risk 2)</li> </ul>	To be completed for applications leading to APM Project Fundamentals Qualification, APM Project Management Qualification and Project Risk Management Certificate levels 1 and 2.
<b>Part III</b>	APM Project Professional Qualification (PPQ)	To be completed for an application to deliver the APM Project Professional Qualification.
<b>Appendix A</b>	Evidence Matrices	To be completed for courses leading to the APM qualifications you are applying to deliver.
<b>Appendix B</b>	Accredited Provider requirements – terms and conditions Incorporating: <ul style="list-style-type: none"> <li>■ Service Level Requirements for Examinations.</li> <li>■ APM Project Fundamentals Qualification Online examination user manual.</li> <li>■ Instructions to Examination Invigilators.</li> <li>■ Instructions to examination self-invigilators: APM Project Fundamentals Qualification Online.</li> <li>■ Terms and Conditions for the use of the APM Competence Framework (2nd edition) by an APM Accredited Training Provider.</li> </ul>	

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Accredited

# APM Training Provider Accreditation/Re-accreditation

## PART I – General information

### Section 1: Contact details

Organisation name	
Organisation address	
	Postcode
Tel (inc STD)	Email
Web	
Company Reg No	Company VAT No

#### Parent organisation contact details (if applicable)

Organisation name	
Organisation address	
	Postcode
Tel (inc STD)	Email
Web	

#### Contact details of person who will act as the main contact throughout accreditation

Title	First name
	Surname
Job title	
Tel (inc STD)	Email

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## Section 2: Your organisation

How many years has the organisation been in existence?

What is the total number of staff employed by the organisation?

Please indicate the proportion of staff dedicated to support, management, training and development (to include contractors and associates) for the proposed activities.

Please supply an **organisation chart** for those involved in the delivery of APM accredited activities

Chart (upload file here – jpeg, gif or png)

How will you ensure that all staff understand and act accordingly with regard to your Accredited Provider status, relationship with APM and its products and services?

What percentage of your organisation's business is concerned with project management training and development?

If your organisation is accredited to run courses or deliver qualifications for other bodies, please provide detail here.

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### Section 3: Quality assurance

What external certifications do you have or are you applying for? (e.g. ISO 9001)

How will you ensure the quality of APM accredited activities?

How will you recruit, induct, train and maintain staff involved in the delivery of APM accredited work?

### Section 4: Resources, health and safety

Please show how you are resourced and comply with all current legislation around all health and safety and disability regulations and requirements.

### Section 5: Activities to be assessed in this application (check all boxes that apply)

Course(s) leading to APM Project Fundamentals Qualification/APM Project Management Qualification/  
Project Risk Management Certificate levels 1 or 2 – Please complete PART II

APM Project Professional Qualification – Please complete PART III

### Section 6: Delivering your programme(s) (check the box if required)

**Yes, I require access to the APM Competence Framework**

I have read and accept the terms & conditions for the use of the APM Competence Framework.

Note: An additional annual fee will apply.

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## Section 7: Any other information

Please supply any other information you feel may be relevant to your accreditation application.

## Section 8: Data protection and preferences

**Data protection** We look after your data carefully; please ask for our privacy policy or go to: [apm.org.uk/apm-privacy-statement](http://apm.org.uk/apm-privacy-statement) for more detail. We'd like to send you information about APM, project management and our products and services.

You can tell us how you'd like to receive information online or by calling us, and opt out at any time:

**Yes please** – I'd like you to keep me up to date (check the box)

**No thanks** – only send me essential information (check the box)

## Section 9: Declaration

I have received, read and understood the **APM Training Provider Accreditation Guidance Notes** (check the box).

On behalf of

I apply for accredited status for delivery of the course(s)/activity as

described in this application.

If our application is successful, we agree to comply with APM's document '**Accredited Provider Requirements – terms and conditions**' provided with this form. (check the box).

We will publish your accredited status on the APM website.

Please check this box if you do not want this.

Name

Position

Signature (upload file here – jpeg, gif or png)

Date (DD/MM/YYYY) / /

Please include payment for the initial fee or an official purchase order with your application form and materials for assessment. An Assessor will be assigned to your application on receipt of payment. Please note this is a non-refundable fee.

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## APM Training Provider Accreditation/Re-accreditation

### PART II – Courses leading to APM qualifications

excluding the APM Project Professional Qualification

#### Section 1: Your courses

Please indicate which courses are to be assessed in this application?

(check all boxes that apply)

APM Project Fundamentals Qualification	Initial application <input type="checkbox"/>	Re-accreditation application <input type="checkbox"/>
APM Project Management Qualification	Initial application <input type="checkbox"/>	Re-accreditation application <input type="checkbox"/>
APM Project Management Qualification for registered PRINCE2® Practitioners	Initial application <input type="checkbox"/>	Re-accreditation application <input type="checkbox"/>
Project Risk Management 1	Initial application <input type="checkbox"/>	Re-accreditation application <input type="checkbox"/>
Project Risk Management 2	Initial application <input type="checkbox"/>	Re-accreditation application <input type="checkbox"/>

If you would like to be able to offer APM Project Fundamentals Qualification online, please check this box.

You are required to comply with the 'Service Level Requirements for Examinations' provided with this form.

If you are applying to deliver a training course for APM Project Management Qualification recognising the prior learning of the PRINCE2® Practitioner qualification, please confirm that you will obtain documentary evidence of a candidate's eligibility to access this prior learning route.

Describe how the proposed course(s) will be delivered.

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Approximately how many APM accredited events do you intend to run throughout the year and how many participants for each type of event?

Please indicate the proportion of these events to be delivered 'in house' and to be offered to the general public.

Please indicate how you will publicise these events and provide a copy of any publicity material or relevant internet links.

What advice and support will you provide before, during and after the course for which you are seeking accreditation?

How do you ensure candidates are suitably prepared for the examination process?

## Section 2: Delivery personnel

How many training staff do you have dedicated to the delivery of the APM qualifications in question?

Please indicate which examinations you would like to self-invigate – note: additional annual fees will apply. (go to Section 3 if not wishing to self-invigate). (check all boxes that apply)

APM Project Fundamentals Qualification

APM Project Management Qualification

Project Risk Management 1

Project Risk Management 2

You are required to comply with the '**Service Level Requirements for Examinations**', provided with this form.

A signed **Self-Invigilator Agreement form** for each proposed invigilator should be returned with this application. (See the attachment to the 'Service Level Requirements for Examinations', provided with this form).

## Section 3: Materials

How do you develop and update materials in the provision of your services?

Who owns copyright of the materials being accredited?

Please detail below the materials you will be submitting with this application for each course to be accredited.

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How do you ensure comprehensive coverage of the syllabus during the course?

An evidence matrix must be completed for each course identified in section 1 (of PART II) of this form – please see Appendix A and confirm below that the relevant matrices have been completed and attached to this application.

(check all boxes that apply)

APM Project Fundamentals Qualification – Evidence Matrix completed and attached

APM Project Management Qualification – Evidence Matrix completed and attached

APM Project Management Qualification for registered PRINCE2® Practitioners – Evidence Matrix completed and attached

Project Risk Management 1 – Evidence Matrix completed and attached

Project Risk Management 2 – Evidence Matrix completed and attached

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## APM Training Provider Accreditation/Re-accreditation

### PART III – Courses leading to the APM Project Professional Qualification

#### Section 1: Your courses

Which elective module(s), in addition to the 3 core modules, is/are to be assessed in this application?

(check all boxes that apply)

Project Management	Initial application <input type="checkbox"/>	Re-accreditation application <input type="checkbox"/>
Programme Management	Initial application <input type="checkbox"/>	Re-accreditation application <input type="checkbox"/>
Portfolio Management	Initial application <input type="checkbox"/>	Re-accreditation application <input type="checkbox"/>

Please indicate how you will publicise courses and provide a copy of any publicity material or relevant internet links.

Please indicate the proportion of courses to be delivered 'in house' and to be offered to the general public.

What advice and support will you provide before, during and after the course for which you are seeking accreditation?

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Please outline your approach to ensuring candidates are sufficiently prepared to apply their knowledge and experience in a scenario-based examination.

## Section 2: Delivery personnel

How many training staff do you have dedicated to the delivery of the APM qualifications in question?

Do you wish to self-invigilate examinations for this qualification? Please state Yes/No

You are required to comply with the '**Service Level Requirements for Examinations**', provided with this form.

A signed **Self-Invigilator Agreement form** for each proposed invigilator should be returned with this application (See the attachment to the 'Service Level Requirements for Examinations', provided with this form).

## Section 3: Materials

How do you develop and update materials in the provision of your services?

Who owns copyright of the materials being accredited?

Please detail below the materials you will be submitting with this application.

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An evidence matrix must be completed for each core module plus all elective modules for which you are applying for accreditation. Please see Appendix A and confirm below that the relevant matrices have been completed and attached to this application.

(check all boxes that apply)

The three core modules – Evidence Matrix completed and attached

Project Management – Evidence Matrix completed and attached

Programme Management – Evidence Matrix completed and attached

Portfolio Management – Evidence Matrix completed and attached

## Association for Project Management

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Princes Risborough  
Buckinghamshire HP27 9LE

**Tel. (UK)** 0845 458 1944  
**Tel. (Int.)** +44 1844 271 640  
**Email** info@apm.org.uk  
**Web** apm.org.uk

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### Completed forms to:

accreditation@apm.org.uk

For queries regarding Training Provider Accreditation or this application form, please contact the Accreditation Department:  
Tel: 0845 4581944 or Email: accreditation@apm.org.uk

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Association for Project Management is incorporated by Royal Charter RC000890 and a registered charity No. 1171112. Principal office as shown above.