

APM Training Provider Accreditation/Re-accreditation for the delivery of IPMA qualifications

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.

Part I General information	To be completed for all applications.
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Part II Courses leading to: <ul style="list-style-type: none"> ■ IPMA Level A: Certified Project Director ■ IPMA Level A: Certified Programme Director ■ IPMA Level A: Certified Portfolio Director ■ IPMA Level B: Certified Senior Project Manager ■ IPMA Level B: Certified Senior Programme Manager ■ IPMA Level B: Certified Senior Portfolio Manager ■ IPMA Level C: Certified Project Manager ■ IPMA Level D: Certified Project Management Associate 	To be completed for all applications.
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Appendix A Evidence Matrices	To be completed for courses leading to the IPMA qualifications you are applying to deliver.
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Appendix B Accredited Provider requirements – terms and conditions

Incorporating:

- [Service Level Requirements for Examinations.](#)
- [Essential Information for Invigilators.](#)



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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

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 leading to IPMA qualifications.

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.

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 leading to IPMA qualifications?

How will you recruit, induct, train and maintain staff involved in the delivery of APM accredited activities leading to IPMA qualifications?

Section 4: Resources, health and safety

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

Section 5: Any other information

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

Section 6: 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 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)

[The Data Protection Risk Assessment questionnaire has been completed and is attached](#)

Section 7: Declaration

I have received, read and understood the **APM Training Provider Accreditation Guidance Notes for delivery of APM accredited activities leading to IPMA qualifications** (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](#)' (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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PART II – Courses leading to IPMA qualifications

Section 1: Your courses/activities

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

(check all boxes that apply)

IPMA Level A: Certified Project Director	Initial application	<input type="checkbox"/>	Re-accreditation application	<input type="checkbox"/>
IPMA Level A: Certified Programme Director	Initial application	<input type="checkbox"/>	Re-accreditation application	<input type="checkbox"/>
IPMA Level A: Certified Portfolio Director	Initial application	<input type="checkbox"/>	Re-accreditation application	<input type="checkbox"/>
IPMA Level B: Certified Senior Project Manager	Initial application	<input type="checkbox"/>	Re-accreditation application	<input type="checkbox"/>
IPMA Level B: Certified Senior Programme Manager	Initial application	<input type="checkbox"/>	Re-accreditation application	<input type="checkbox"/>
IPMA Level B: Certified Senior Portfolio Manager	Initial application	<input type="checkbox"/>	Re-accreditation application	<input type="checkbox"/>
IPMA Level C: Certified Project Manager	Initial application	<input type="checkbox"/>	Re-accreditation application	<input type="checkbox"/>
IPMA Level D: Certified Project Management Associate	Initial application	<input type="checkbox"/>	Re-accreditation application	<input type="checkbox"/>

Describe how the proposed courses/activities will be delivered.

Approximately how many courses/activities leading to IPMA qualifications do you intend to run throughout the year and how many participants do you expect for each?

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

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

What advice and support will you provide participants before, during and after the courses/activities for which you are seeking accreditation?

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

Section 2: Delivery personnel

How many training staff do you have dedicated to the delivery of the APM accredited activities leading to IPMA qualifications?

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

IPMA Level C: Certified Project Manager

IPMA Level D: Certified Project Management Associate

You are required to comply with the '[Service Level Requirements for Examinations](#)'.

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').

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/activity to be accredited.

How will you conduct the appropriate eligibility checks on candidates prior to confirming bookings?

How do you ensure comprehensive coverage of the syllabus during the accredited courses/activities?

An evidence matrix must be completed for each qualification 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)

IPMA Level A: Certified Project Director

IPMA Level A: Certified Programme Director

IPMA Level A: Certified Portfolio Director

IPMA Level B: Certified Senior Project Manager

IPMA Level B: Certified Senior Programme Manager

IPMA Level B: Certified Senior Portfolio Manager

IPMA Level C: Certified Project Manager

IPMA Level D: Certified Project Management Associate

Association for Project Management

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Tel. (UK) +44 1844 271 640
Email info@apm.org.uk
Web apm.org.uk

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

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