



THE **CHARTERED BODY** FOR THE
PROJECT PROFESSION

APPLICATION FORM

APM Fellowship (FAPM)

Fellowship application

APPLICATION

Fellowship (FAPM)

Please complete the digital form and return by email.

Alternatively, print and send the completed hard copy by post. All contact details are on the back page.

Section 1: About you

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>	D.O.B. (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>

Your contact details

Home address	
<input type="text"/>	Postcode
Day Tel (inc STD)	Evening Tel (inc STD)
Mobile	Email

Are you a member of APM? (check the box that applies)

Associate <input type="checkbox"/>	Full <input type="checkbox"/>
If yes, membership number: <input type="text"/>	

Type of application (check the box that applies)

New application <input type="checkbox"/>	Re-join <input type="checkbox"/>	Upgrade <input type="checkbox"/>
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Section 2: Your employment history

Please provide us with details of your current employer

Is your current employer an APM Corporate Partner or Affiliate? (Yes/No)

See here for current list:

apm.org.uk/corporate-partnership-programme/corporate-partner-list/

Company name

Company address

Postcode

Email (work)

Your position

Please state which is your preferred address for future correspondence?

By post? (state **Home or Work**)

By email? (state **Home or Work**)

Section 3: Project experience

Please tick one of the following:

I have been a Full member of APM for at least 5 years

I have at least 10 years' project experience

Job title

Company name

Start date

End date

Job title

Company name

Start date

End date

Job title

Company name

Start date

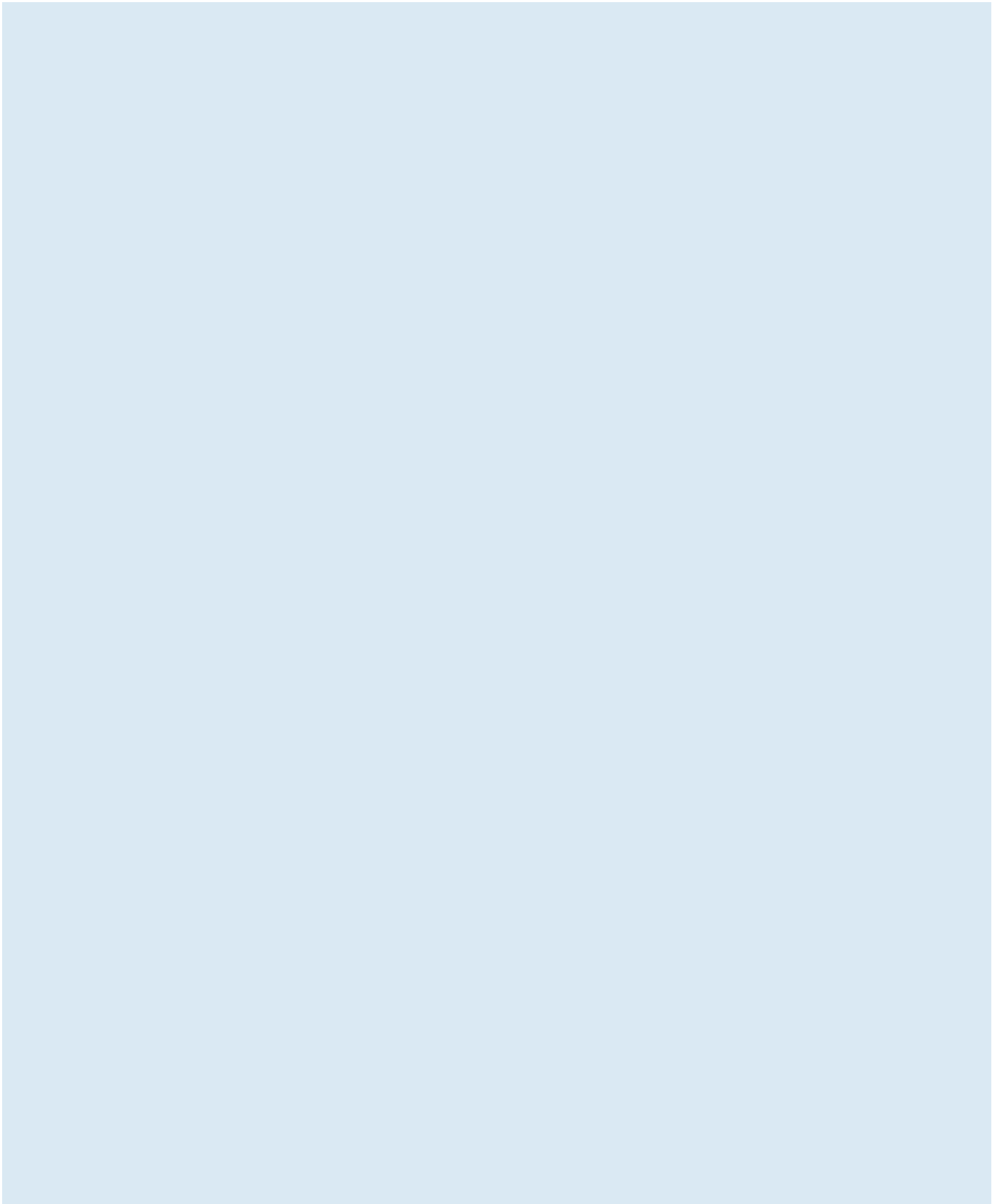
End date

Please continue on an additional sheet, if necessary.

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You will need to provide an overview of your experience either as a practitioner, or as an academic, in a role responsible for projects, programmes, portfolios or a key control or enabling function. You must state your responsibilities and accountabilities for the duration of the roles referenced. Write your answers in the first person, "I did...". Avoid jargon and company acronyms - remember the panel members won't know your organisation so explain things as clearly as you can, using plain English.

For further information, please see the **APM Fellowship (FAPM) guidance notes**.

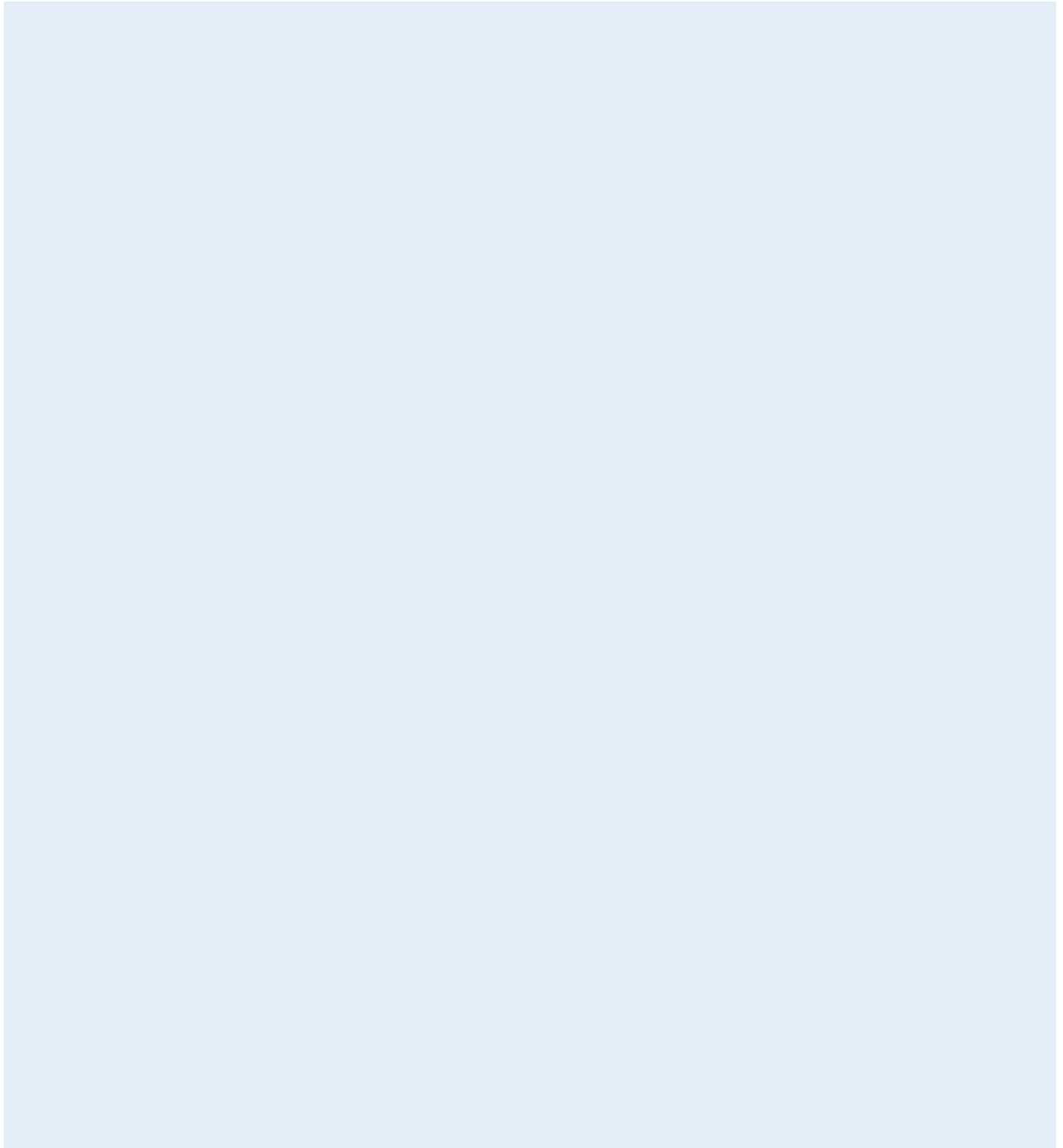


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Section 4: Statements of support - personal and third party

1. Personal statement

Please provide a statement evidencing how you meet at least one of the following eligibility criteria: recognition, contribution to others in the profession or shaping the profession.



2. Third party statement

You must provide two **statements of support** from two different people, confirming that these individuals are happy to support your application by signing a pre-written document. You will need to contact these people in advance and have them complete the statement. Please use the **statement of support** provided.

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Section 5: Payment details - new members/re-joins only

If you are a current member of APM, please leave this section blank.

By completing the payment details below, payment of your fee will be taken as soon as we receive your completed application.

Please refer to the APM website for all current prices – apm.org.uk/membership

Subscription fee £

Promotional code (if applicable):

Literature request* (If required, check the box/es)

International Journal of Project Management

APM Body of Knowledge 7th edition (Hard copy)

*Additional cost – please contact the **APM membership team** for the applicable fee.

Total £

1. Payment by card (check the box that applies)

If you wish to pay via card, please supply a telephone number you wish us to contact you on.

American Express

Visa

Mastercard

UK Maestro/Delta

Day Tel (inc STD)

2. Payment by cheque (check the box)

Make cheque payable to '**Association for Project Management**'

Please return by post to APM at the contact address on the back cover.

3. Payment by Direct Debit (check the box)

A Direct Debit mandate can be downloaded from apm.org.uk/media/2256/direct-debit-form.pdf

Please return by post or email to APM using the contact details on the back cover.

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 details. 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)

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Section 7: Declaration

I agree to be bound by the **APM Code of Professional Conduct**

I agree to abide by the **terms and conditions** of this subscription, which include the APM Code of Professional Conduct.

Signature

Name

Date

Section 8: Application checklist

Please check the boxes

Completed ALL sections of your application

Attached two statements of support

Enclosed the subscription fee (if applicable)

Association for Project Management

Ibis House, Regent Park
Summerleys Road
Princes Risborough
Buckinghamshire HP27 9LE

Tel. (UK) 0845 458 1944
Tel. (UK) +44 1844 271 640
E-mail info@apm.org.uk
Web apm.org.uk

Completed forms to:

By email: members@apm.org.uk

By post: APM membership team,
Association for Project Management (at the address above).

For queries regarding individual membership or this
application form, please contact the APM membership team:
Tel: 01844 271681 or Email: members@apm.org.uk

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