

APM Corporate Accreditation

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

Section 1: Your details

Name of organisation

Contact details of person to whom all correspondence should be addressed

Title

First name

Surname

Job title

Organisation address

Postcode

Office Tel (inc STD)

Mobile

Email

Web

APM Corporate Partnership Programme No

Name of section/programme or scheme to be assessed

Section 2: Details of your organisation

Please provide a profile of your organisation.

Please provide a profile of the part of your organisation you wish to be accredited.

next page...

Please state how your governance, aims and policies in relation to APM Corporate Accreditation are supported by senior management and understood by your project management community. Also, please state who is the most senior person involved and how they are involved.

How does the programme fit in with the overall company staff development process and how are participants guided through their project management development?

Please indicate your current compliance with external standards, awards, affiliations and memberships (eg. ISO 9000, Investors in People, professional institutions, trade associations, etc).

Please give an outline of the procedures and timescales for the regular auditing, evaluation, monitoring and review of your organisation's project management learning and development activities.

Please supply any other information which you consider to be important and relevant to your application.

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Section 3: Demonstrating a breadth of knowledge

Please provide evidence of your adoption and implementation of a structured body of project management knowledge.

Section 4: Demonstrating a depth of ability

Please provide evidence of your adoption and implementation of a structured project management competence framework.

Section 5: Achievement through qualifications and professional experience

Please provide evidence of your adoption and implementation of qualifications and professional experience.

Section 6: Commitment to continuing professional development

Please provide evidence of your adoption and implementation of continuing professional development.

Section 7: Accountability through professional memberships

Please provide evidence of your adoption and implementation of professional memberships.

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 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 Corporate Accreditation Guidance Notes** (check the box).

On behalf of

I apply for accredited status of our programme as described in this application.

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)

/ /

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Email info@apm.org.uk
Web apm.org.uk

Completed forms to:

accreditation@apm.org.uk

For queries regarding Corporate 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.