

APPLICATION

APM Academic Accreditation

Please complete the digital form and return by email.

All contact details are on the back page.

Section 1: Your details

Name of teaching institution

Faculty

Department/division

Name of course/module to be accredited

Contact details of person to whom all correspondence should be addressed

Title

First name

Surname

Institution name

Institution address

Country

Postcode

Tel

Mobile

Email

Section 2: Your course

Start date (MM/YYYY)

/

Duration

Location(s) of delivery

Mode of delivery

If this course is being delivered internationally, please confirm the same quality standards apply – Yes No
(if no please provide further details)

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Date of internal validation (DD/MM/YYYY) / /

Date of external validation, eg QAA (DD/MM/YYYY) / /

Validating authority

Candidate admission requirements

Have there been any significant changes at any point during the lifetime of this course, module or framework? (If yes, please advise the date and detail of those changes) Yes No

Section 3: APM engagement

Please state how you will promote engagement with APM to your students

next page...

Section 4: Evidence map

Using the evidence map below please show the topic areas of the *APM Body of Knowledge* to be covered.
(Please note, supporting evidence will need to be provided - for further information please see the application guidance)

<i>APM Body of Knowledge</i> reference	Reference in accompanying documentation
e.g. 1.2 Life cycle options and choices 1.2.1 Life cycle philosophy 1.2.2 Linear life cycles	e.g. Slides 3-6, course materials pages 27-35

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APM Body of Knowledge reference

Reference in accompanying documentation

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Section 5: 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 6: Declaration

I have read and understood the APM Academic Accreditation Guidance Notes (check the box).

On behalf of

I apply for accredited status of our course/module 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) / /

Association for Project Management

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Completed forms to:

accreditation@apm.org.uk

For queries regarding Academic Accreditation or this annual report form, please contact the Accreditation Department:
Tel: 0845 4581944 or Email: accreditation@apm.org.uk

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