



Recognised Assessment Application Form

To be completed for both initial and re-recognition applications using the Applicant Guidance Notes, and Chartered Competences (available in the Recognised Assessment Overview).

Section 1: Your organisation

1.1 Name of organisation		
1.2 Contact details of person to whom all correspondence should be addressed	Name:	
	Address:	
	Tel:	
	Email:	

Section 2: Your assessment

2.1 Name of assessment/s to be recognised		
2.2 Assessment valid from		
2.3 Type of Recognised Assessment being applied for (please tick one)	Technical knowledge <input type="checkbox"/>	Technical knowledge and professional practice <input type="checkbox"/>
2.4 Is this an initial or re-recognition application?	Initial application <input type="checkbox"/>	Re-recognition application <input type="checkbox"/>

2.5 What method of assessment is used?	
Technical knowledge	
Technical knowledge and professional practice	

In the following sections you should provide evidence that your assessment satisfies the following criteria:

- Quality
- Coverage
- Level

Section 3: Quality

a Please indicate which, if any, approved external verification and recognition bodies regulate the proposed Recognised Assessment stating the period of recognition. If none, please proceed to part **b** below.

Agency name	Start date	Expiry date

b *Only for completion by organisations who haven't completed 3a.*

1. How are candidates engaged, informed and prepared for the assessment?
2. How do you accommodate the needs of different individual candidates, and what steps do you take in respect of special dispensations?
3. How do you ensure impartiality throughout the assessment process, from the point of initial enquiry, through to application and ultimately to award?
4. How do you ensure that those involved in the assessment process have sufficient knowledge and experience? What provisions are in place to ensure ongoing currency and adequacy of that knowledge and experience?

5. How do you manage appeals and complaints relating to the assessment? What feedback mechanisms are in place to ensure that candidates have the opportunity to comment on their own experience of the assessment?

6. How do you ensure the fairness and validity of your assessment?

7. How do you monitor the comparability of results over time?

Section 4: Purpose and positioning

Briefly describe the overview of the assessment; its purpose and positioning to provide context for Section 5

Section 5: Coverage and level

Please complete either technical knowledge only, **or** both technical knowledge and professional practice depending on your response to 2.3 above.

	Competence	Technical knowledge coverage <i>(please include which assessment criteria you are referring to).</i>	Technical knowledge level <i>(please include which assessment criteria you are referring to).</i>
MANDATORY COMPETENCES	1. a. Budgeting and cost control or 1. b. Financial management		
	2. Change control		
	3. Conflict management		
	4. Consolidated planning		
	5. Governance arrangements		
	6. Leadership		
	7. Reviews		
	8. Risk and issue management		
	9. Stakeholder and communication management		
	10. Team management		
ELECTIVE COMPETENCES			

Please complete either technical knowledge only, or both technical knowledge and professional practice depending on your response to 2.3 above.

	Competence	Professional practice coverage <i>(please include which assessment criteria you are referring to).</i>	Professional practice level <i>(please include which assessment criteria you are referring to).</i>
MANDATORY COMPETENCES	1. a. Budgeting and cost control or 1. b. Financial management		
	2. Change control		
	3. Conflict management		
	4. Consolidated planning		
	5. Governance arrangements		
	6. Leadership		
	7. Reviews		
	8. Risk and issue management		
	9. Stakeholder and communication management		
	10. Team management		
ELECTIVE COMPETENCES			

Section 6: Additional information

Please provide any other information that you feel would help the assessor to determine the extent to which your assessment meets the Recognised Assessment requirements.

Section 7: Declaration


I have received, read and understood the APM Recognised Assessment Guidance Notes.

On behalf of _____ *[insert organisation name]* I apply for recognition of
_____ *[insert assessment name]* assessment as meeting the requirements
for Recognised Assessment as outlined in this application.

Name:

Position:

Signature:

Click the sign icon in the **Fill & Sign toolbar**  on the right and then choose whether you want to add your signature or just initials.

Date:

Association for Project Management

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