

Application form

APM Endorsed Application



Please read the guidance notes and refer to those when completing the application.

Your submission must include:

- **Your learning content.**
- **Your completed competence framework matrix.**
- **Your application form.**

Please send your completed documentation to accreditation@apm.org.uk

Organisation details

Organisation name	
Organisation address	
Tel	Email
Web	
Company registration number	Company VAT number
How many years has the organisation been in existence?	
Company sector (eg Construction, IT, Education)	

Parent organisation details (if applicable)

Organisation name	
Organisation address	
Tel	Email
Web	

Contact details

Main contact for APM Endorsed

Title	First name	Last name
Job title	Tel	Email

Finance contact

Title	First name	Last name
Job title	Tel	Email

Please indicate if you require purchase order numbers to be quoted on our invoices to you

Please confirm the name of the learning provision you wish to be endorsed

Please confirm the start and end date associated with your learning provision or confirm if this is ongoing.

Start date (DD/MM/YYYY)

/ /

End date (DD/MM/YYYY)

/ /

Ongoing offering
(tick box)

Please confirm the intended learning objectives and learning outcomes of the learning provision.

How do you ensure your learning provision content is created and owned by your organisation, holding the relevant permissions or cited as appropriate?

Please share the experience and credentials of the content author/s.

Please confirm the published research that has been used to inform the learning content.

Please confirm how you seek and analyse learner feedback.

Please confirm your process for updating the learning content, to include the frequency and sign off.

Please confirm whether you intend to deliver this learning provision across multiple sites. If so, please state how you will ensure that content and delivery are standardised.

Please confirm that, along with your completed application form, you have included:

- All learning content
- Completed Competence Framework mapping

Declaration

By signing this application form you are confirming all content to be accurate and a true representation of the organisation and its procedures.

If our application is successful, we agree to comply with APMs Endorsed learning provision **terms and conditions**.

We will publish your endorsed status on the APM website.
Please tick this box if you do not wish this to occur.

Name

Position

Signature (please type your signature in here)

Date (DD/MM/YYYY)

/ /



**We are the only chartered membership
organisation for the project profession**

Completed forms to:

accreditation@apm.org.uk

For queries regarding APM Endorsed, please contact
the Accreditation Department: Tel: 0845 4581944
or Email: accreditation@apm.org.uk

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