

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

Because when projects
succeed, society benefits

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

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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

Association for Project Management
Ibis House, Regent Park
Summerleys Road
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Bucks HP27 9LE
0845 458 1944
apm.org.uk

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Association for Project Management is incorporated by Royal
Charter RC000890 and a registered charity No. 1171112. Principal
office as shown.