

Application form

APM Training Provider Annual Submission



Please read the guidance notes and refer to these when completing your annual submission.
Please complete the relevant sections below and return to accreditation@apm.org.uk

Part 1

Please indicate which APM qualification(s) you wish to continue to offer.

APM Project Fundamentals Qualification	☐
APM Project Management Qualification	☐
APM Project Risk Management 1	☐

Organisation details

Organisation name	
Organisation address	
Tel	Email
Web	

Main contact for the accreditation

Title	First name	Surname
Job title	Tel	Email

Finance contact

Title	First name	Surname
Job title	Tel	Email
Please indicate if you require purchase orders for invoicing ☐		

Administration contact (if different to main contact)

Title	First name	Surname
Job title	Tel	Email

Part 2

Standard 1 – Organisation status and structure

Please confirm you have attached the following documentation:

Evidence of financial viability (1.2)

☐

Professional indemnity insurance certificate (1.3)

☐

1a What changes, if any, have been made to the organisational approach to identifying and managing conflicts of interest, whether potential or realised, in the last 12 months.

1b What changes, if any, have occurred surrounding the organisation's overall strategy and the ongoing delivery of the APM qualification(s) in the last 12 months?

1c Has the organisation gained any external accreditations in the last 12 months?

1d Has the organisation had an external accreditation revoked in the last 12 months?
If yes, please provide the details.

1e Has the organisation gained any external certifications in the last 12 months? (e.g. ISO 9001)

1f Please confirm any changes to the governance and decision-making structure that has occurred in the last 12 months.

Standard 2 – Legislation

Please confirm you have attached the following documentation:

Evidence of employee training on equality and diversity (2.1)

☐

Evidence of adherence to health and safety (2.4)

☐

2a Please advise us of any changes in the last 12 months to your Equal opportunities and Disability policy for employees and learners.

2b Over the last 12 months, has the organisation changed its approach to adapting delivery plans to ensure an equitable learning experience for all learners?

2c Please confirm if there has been any significant change to your business in the last 12 months which impacts on your responses provided in your DPA questionnaire.

Standard 3 – Organisation operations

Please confirm you have attached the following documentation:

Evidence of learner to associate ratios being maintained during the past 12 months

☐

Evidence of current facilities contracts and/or licences relevant to the delivery of the APM qualification(s) (3.8)

☐

3a Please advise us of any policy updates that have been made in the last 12 months or policies that have since been introduced, demonstrating their link with organisational procedures to deliver the APM qualification(s).

3b Please confirm your predicted learner volumes per qualification you wish to continue to offer.

3c Please confirm your organisational plan to achieve your predicted learner volumes, including who is responsible for which activities.

3d Please confirm your associate capacity planning to ensure effective delivery occurs.

3e Please advise us of any changes made in the last 12 months to the organisation's learner : associate ratio or how these are maintained.

3f Please advise us of any changes made to the IT infrastructure to support predicted learner volumes.

3g What changes, if any, have been made to the organisational approach to identifying risks and contingency planning in relation to:

Staffing –

IT failure –

Venue cancellation (if applicable)

3h What actions have taken place in the last 12 months to ensure the equipment and facilities used to deliver APM qualification(s) are fit for purpose, available to all learners and offer a quality learning experience?

Standard 4 – Planning and course delivery

For each qualification you wish to continue to deliver, please provide the following information, noting any differences between qualifications.

Please confirm you have attached the latest delivery plans which clearly demonstrate:

Learning objectives and Learning outcomes (4.1)	
Notional learning hours to meet with qualification specification (4.1)	
Assessment practice and examination preparation (4.4)	
Names of associates the organisation has trained to deliver on the relevant parts of the delivery plan (4.8)	

Please confirm you have attached your latest course material and evidence matrix for each qualification which clearly demonstrates:

Content is up to date with links to relevant support material present	
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If you intend to offer eLearning provision as a stand alone delivery method, please provide log in details for APM to access your eLearning content.

Username:

Password:

Please confirm you have completed a separate evidence matrix for each qualification you offer stand alone eLearning.

Please confirm you have attached the following documentation:

Evidence of associate observations and connected improvement plans within the last 12 months (4.8)	
Evidence of learner feedback gathered in the last 12 months (4.9)	
Evidence of documenting and reviewing implemented actions from feedback (4.10)	

4a Please advise us of any changes made in the last 12 months on how learning materials are made available to the learners and at what point.

4b What changes, if any, have been made to ensure you involve all learners towards the APM qualification(s)?

4c What observations about the course delivery have been made over the last 12 months? What changes have been implemented as a result of these observations?

4d What changes, if any, have been made in the last 12 months to the organisational approach to quality assurance practices for the APM qualification(s) delivery, confirming who has overall responsibility for quality assurance in the organisation?

Standard 5 – Staffing and Professional Development

Please confirm you have attached the following documentation:

Evidence of CPD for all associates delivering on the APM qualification(s) (5.6)

5a Please advise us of any changes that have been made to the organisation's recruitment, retention and development policies for associates in the last 12 months.

5b Please advise us of any changes made in the last 12 months to ensure your employees have a realistic workload and have appropriate support and supervision.

5c Over the last 12 months how has the organisation ensured stability and consistency of tuition in relation to employee turnover?

Standard 6 – Learner experience

6a Please provide the links to your promotional webpages containing reference to the APM qualification(s).

6b Please advise us of any changes made in the last 12 months to how the organisation assesses learner suitability against subject and qualification level.

6c Please advise us of any changes made in the last 12 months in relation to the learner initial assessments and how this information is fed into the individual learning plan.

6d Please advise us of any changes made in the last 12 months to the induction programme and the APM materials referred to.

6e Please advise us of any changes made in the last 12 months towards the process to identify learner reasonable adjustments and apply relevant adjustments to their learning and exam experience.

6f Please advise us of any changes made in the last 12 months to your organisation's safeguarding measures for learners.

6g Please advise us of any changes made in the last 12 months regarding how you inform learners of further APM qualifications and/or membership opportunities.

Part 3

Please list any additional documentation being submitted not already stated within the application form.

Please supply any additional information you feel may be relevant to the application.

Declaration

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

If our application is successful, we agree to comply with APMs document Accredited Provider [terms and conditions](#).

We will publish your accredited 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 Training Provider Accreditation, please
contact the Accreditation Department: Tel: 0845 4581944
or Email: accreditation@apm.org.uk

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