Application form

APM Professional Course Accreditation



Please complete the digital form and return by email. Our contact details are on the back page.

Section 1: Your details	s			
Name of Accredited Provider				
Department/division				
Name of course to be accredited				
Contact details of person to whom all correspondence should be addressed				
Title	First name			
	Surname			
Address				
			Postcode	
Tel (inc STD)		Mobile		
Email				

Section 2: Your course

Please explain where the course sits in your portfolio of project management education, training and development activities	
Diagrap evaluin how the source energics including brief details of connecting staff external connicre	
Please explain how the course operates, including brief details of supporting staff, external suppliers, external accreditations, auditing and evaluation and quality control	
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Please describe how alignment of your course with the <i>APM Body of Knowledge</i> is contributing to the education, training and development of future potential project managers
Please indicate how your course supports learners across the remaining four dimensions of professionalism
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What systems do you have in place to ensure proper award of credit and/or certificates?

Course details

Typical frequency of course	Duration	
Location(s) of delivery		
Mode of delivery		
Candidate admission requirements		Typical number of candidates
Please provide details of the project management exp (you may attach CVs if they contain this information)	perience of staf	f involved in the delivery of the course

Section 3: Evidence map

Please supply the full course syllabus or module outline you wish to be accredited. Using the evidence map below, please show the topic areas of the *APM Body of Knowledge* to be covered.

APM Body of Knowledge reference	Reference in accompanying documentation
e.g. 1.2 Life cycle options and choices	e.g. Slides 3-6, course materials pages 27-35

APM Body of Knowledge reference	Reference in accompanying documentation

Section 4: 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 us, 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 5: Declaration

I have read and understood the APM Professional Course Accreditation Guidance Notes (check the box).		
On behalf of described in this application.	I apply for accredited status of our course as	
We will publish your accredited status on our website. Please check this box if you don't want this.		
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 Professional Course Accreditation, please contact the Accreditation Department: Tel: 0845 4581944 or Email: accreditation@apm.org.uk





