

Application form

APM Academic Accreditation



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

Section 1: Your details

Name of teaching institution		
Faculty		
Department/division		
Name of course/module to be accredited		
Contact details of person to whom all correspondence should be addressed		
Title	First name	
	Surname	
Institution name		
Institution address		
	Country	Postcode
Tel	Mobile	
Email		

Section 2: Your course

Start date (MM/YYYY)	/	Duration
Location(s) of delivery		
Mode of delivery		
If this course is being delivered internationally, please confirm the same quality standards apply (If no please provide further details)		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Because when projects
succeed, society benefits

Date of internal validation (DD/MM/YYYY)	/	/
Date of external validation, eg QAA (DD/MM/YYYY)	/	/
External validating authority		
Candidate admission requirements		
Have there been any significant changes at any point during the lifetime of this course, module or framework? (If yes, please advise the date and detail of those changes)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 3: APM engagement

Please state how you will promote engagement with us to your students

Section 4: Evidence map

Using the evidence map below please show the topic areas of the *APM Body of Knowledge* to be covered. (Please note, supporting evidence will need to be provided - for further information please see the application guidance)

<i>APM Body of Knowledge</i> reference	Reference in accompanying documentation
e.g. 1.2 Life cycle options and choices 1.2.1 Life cycle philosophy 1.2.2 Linear life cycles	e.g. Slides 3-6, course materials pages 27-35

continued on next page

APM Body of Knowledge reference

Reference in accompanying documentation

Section 5: 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 6: Declaration

I have read and understood the APM Academic Accreditation Guidance Notes (check the box).

On behalf of

I apply for accredited status of our course/

module as described in this application.

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 Academic Accreditation, please
contact the Accreditation Department: Tel: 0845 4581944
or Email: accreditation@apm.org.uk

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