

Application form

APM Corporate Accreditation



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

Section 1: Your details

Name of organisation	
Contact details of person to whom all correspondence should be addressed	
Title	First name
	Surname
Job title	
Organisation address	
	Postcode
Office Tel (inc STD)	Mobile
Email	Web
APM Corporate Partnership Programme No.	
Name of section/programme or scheme to be assessed	

Section 2: Details of your organisation

Please provide a profile of your organisation

Please provide a profile of the part of your organisation you wish to be accredited

continued on next page

Because when projects
succeed, society benefits

Please state how your governance, aims and policies in relation to APM Corporate Accreditation are supported by senior management and understood by your project management community. Also, please state who is the most senior person involved and how they are involved

How does the programme fit in with the overall company staff development process and how are participants guided through their project management development?

Please indicate your current compliance with external standards, awards, affiliations and memberships (eg. ISO 9000, Investors in People, professional institutions, trade associations, etc)

Please give an outline of the procedures and timescales for the regular auditing, evaluation, monitoring and review of your organisation's project management learning and development activities

Please supply any other information which you consider to be important and relevant to your application

Section 3: Demonstrating a breadth of knowledge

Please provide evidence of your adoption and implementation of a structured body of project management knowledge

Section 4: Demonstrating a depth of ability

Please provide evidence of your adoption and implementation of a structured project management competence framework

Section 5: Achievement through qualifications and professional experience

Please provide evidence of your adoption and implementation of qualifications and professional experience

Section 6: Commitment to continuing professional development

Please provide evidence of your adoption and implementation of continuing professional development

Section 7: Accountability through professional memberships

Please provide evidence of your adoption and implementation of professional memberships

Section 8: 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 9: Declaration

I have received, read and understood the **APM Corporate Accreditation Guidance notes** (check the box).

On behalf of

I apply for accredited status of our programme

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

Association for Project Management
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