

Application form

# APM Recognised Assessment

To be completed for both initial and re-recognition applications using the Guidance notes.  
The completed form should be returned to [recognisedassessments@apm.org.uk](mailto:recognisedassessments@apm.org.uk)

Data protection: We look after your data carefully; please go to: [apm.org.uk/apm-privacy-statement](http://apm.org.uk/apm-privacy-statement) for more details.

## Section 1: Your organisation

### 1.1 Name of organisation

### 1.2 Contact details of person to whom all correspondence should be addressed

Name	<input type="text"/>
Address	<input type="text"/>
Tel	<input type="text"/>
Email	<input type="text"/>

## Section 2: Your programme

### 2.1 Name of programme to be recognised

### 2.2 Confirm when your programme commenced under the format detailed within your application.

### 2.3 Type of Recognised Pathway being applied for (please check one)

Pathway 2	<input type="checkbox"/>	Pathway 3	<input type="checkbox"/>	Pathway 4	<input type="checkbox"/>
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### 2.4 Is this an initial or re-recognition application?

Initial application	<input type="checkbox"/>	Re-recognition application	<input type="checkbox"/>
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If this is a re-recognition application, and no changes have been made to the assessment since the last recognition, please confirm here

You still need to complete the application form and provide up-to-date evidence where applicable.

### 2.5 What method of assessment (applicable for pathway 2 and pathway 4 only) is used?

Pathway 2	<input type="text"/>
Pathway 4	<input type="text"/>

**2.6 What pre/post requisite requirements are in place for your programme?  
(Pathway 3 only)**

**2.7 How are the pre/post requisite requirements verified and logged by your organisation?  
(Pathway 3 only)**

In the following sections you are required to provide evidence that your programme and/or assessment satisfies the following criteria:

- quality
- coverage

**Section 3: Quality**

**a** Please indicate which, external verification/recognition body regulates the proposed Recognised Pathway stating the period of recognition. (Required for all pathway 3 applications.)

Agency name	Start date	Expiry date
Agency name	Start date	Expiry date

**b** *Only for completion by organisations who haven't completed 3a and are applying for pathway 2 or pathway 4.*

**1.** How are candidates engaged, informed and prepared for the assessment?

**2.** How do you accommodate the needs of different individual candidates, and what steps do you take in respect of reasonable adjustments?

**3.** How do you ensure impartiality throughout the programme from the point of initial enquiry, through to application and ultimately to completion?

**4.** How do you ensure that those involved in the assessment process have sufficient knowledge and experience? What provisions are in place to ensure ongoing currency and adequacy of that knowledge and experience?

**5.** How are assessment decisions ratified internally?

**6.** How do you manage appeals and complaints relating to the assessment? What feedback mechanisms are in place to ensure that candidates have the opportunity to comment on their own experience of the assessment?

**7.** How do you ensure the fairness and validity of your assessment?

**8.** How do you monitor the comparability of results over time?

## Section 4: Purpose and positioning

This section is to provide context for section 5.

If you are applying for pathway 3 only, use this section to describe an overview of your programme.

If you are applying for either the pathway 2 or pathway 4 use this section to describe an overview of the assessment.

### Section 5: Coverage and level

Please complete for pathway 3 programmes only. Coverage of a minimum of 10 competences from the APM Competence Framework are required. Please identify where within your programme the competence is covered.

Competence		Programme coverage
1	Life cycles	
2	Governance arrangements	
3	Sustainability	
4	Financial management	
5	Business case	
6	Portfolio shaping	
7	Procurement	
8	Reviews	
9	Assurance	
10	Capability development	
11	Transition management	
12	Benefits management	
13	Stakeholder engagement and communication management	
14	Conflict resolution	
15	Leadership	
16	Team management	
17	Diversity and inclusion	
18	Ethics, compliance and professionalism	
19	Requirements management	
20	Solutions development	
21	Quality management	
22	Integrated planning	
23	Scheduled management	
24	Resource management	
25	Resource capacity planning	
26	Budget and cost control	
27	Contract management	
28	Risk and issue management	
29	Change control	

Please complete either the technical knowledge table only, or both technical knowledge and professional practice table depending on your response to 2.3 above against 10 competences, 7 of these must be mandatory.

	Competence	Technical knowledge coverage <i>(please include which assessment criteria you are referring to)</i>	Technical knowledge level <i>(please include which assessment criteria you are referring to)</i>
<b>MANDATORY COMPETENCES</b>	1a. Budgeting and cost control or 1b. Financial management		
	2a. Change control or 2b. Conflict resolution		
	3a. Governance arrangements or 3b. Reviews		
	4a. Integrated planning or 4b. Schedule management		
	5a. Leadership or 5b. Team management		
	6. Risk and issue management		
	7. Stakeholder engagement and communication management		
<b>ADDITIONAL COMPETENCES</b>			

	Competence	Professional practice coverage <i>(please include which assessment criteria you are referring to)</i>	Professional practice level <i>(please include which assessment criteria you are referring to)</i>
<b>MANDATORY COMPETENCES</b>	1a. Budgeting and cost control or 1b. Financial management		
	2a. Change control or 2b. Conflict resolution		
	3a. Governance arrangements or 3b. Reviews		
	4a. Integrated planning or 4b. Schedule management		
	5a. Leadership or 5b. Team management		
	6. Risk and issue management		
	7. Stakeholder engagement and communication management		
<b>ADDITIONAL COMPETENCES</b>			

**Section 6: Additional information** (Optional)

Please provide any other information that you feel would help the assessor to determine the extent to which your application meets the recognised pathway requirements.

A large, empty white rectangular area intended for providing additional information. It occupies the majority of the page below the introductory text.

## Section 7: Declaration

I have received, read and understood the APM Recognised Assessment Guidance notes.

On behalf of  *[insert organisation name]* I apply for  
recognition of  *[insert programme name]* as meeting the  
requirements for the Recognised Pathway as outlined in this application.

Name	Position
Signature (please type your signature in here)	Date (DD/MM/YYYY) / /



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**Completed forms to:**

[recognisedassessments@apm.org.uk](mailto:recognisedassessments@apm.org.uk)

For queries regarding Recognised Assessment, please contact  
the Recognised Assessment Department: Tel: 0845 4581944  
or Email: [recognisedassessments@apm.org.uk](mailto:recognisedassessments@apm.org.uk)

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