

APM Accredited Training Provider application – additional qualification

If you are applying for accreditation for the first time, please use the Training Provider Accreditation Application form.

Please read the guidance notes and refer to these when completing the application.

Please complete the relevant sections below and return to accreditation@apm.org.uk

Part 1

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

APM Project Fundamentals Qualification	<input type="checkbox"/>
APM Project Management Qualification	<input type="checkbox"/>
APM Project Risk Management 1	<input type="checkbox"/>

Organisation details

Organisation name	
Organisation address	
Tel	Email

Main contact for the accreditation

Title	First name	Surname
Job title	Tel	Email

Administration contact (if different to main contact)

Title	First name	Surname
Job title	Tel	Email

Part2

Standard 1 – Organisation status and structure

Please confirm you have attached the following documentation:

Proven demand for qualification(s) and activity plan to meet demand (1.7)

1b How does the proposed qualification(s) delivery fit with the overall organisation's strategy?

Standard 3 – Organisation operations

3b Please confirm your predicted learner volumes per qualification you are applying for.

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.

Standard 4 – Planning and course delivery

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

Please confirm you have attached the delivery plans for each qualification which clearly demonstrate:

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

Please confirm you have submitted the course materials and evidence matrix for

APM Project Fundamentals Qualification	<input type="checkbox"/>
APM Project Management Qualification	<input type="checkbox"/>
APM Project Risk Management level 1	<input type="checkbox"/>

Please confirm you have attached the following documentation:

Evidence of associate observations and connected improvement plans (4.8)	<input type="checkbox"/>
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4a How are the learning materials made available to learners? At what point does this occur?

4c Please confirm the steps taken when updating course content.

4d Please detail the organisation’s quality assurance practices for the APM qualification(s) delivery, confirming who has overall responsibility for the maintenance of quality assurance in the organisation.

4e How does the organisation gather learner feedback? How is this analysed and documented? How are actions reviewed for effectiveness?

Standard 6 – Learner experience

6a Please describe how the APM accreditation and APM qualification(s) will be publicised. Include any links and/or publicity material.

6b How is learner suitability assessed against subject and qualification level?

6c What initial learner assessments take place? How does this information inform the individual learning plan?

6d Describe the induction process for the APM qualification(s) and what APM materials are referred to.

6e Please confirm how learner needs and, where required, reasonable adjustments to learning and examinations are implemented. State the process to be followed to request reasonable adjustments to APM for consideration towards an individual learner exam.

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.

Please confirm if you have an active client base outside of the UK and enter the countries in which you deliver or intend to deliver APM qualifications.

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

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