

APPLICATION FORM

Please select the application type

Initial certification

Name:

Please select the level being applied for

Current APM membership
level (if applicable)

APM membership number

Home Address

Mail will be sent to your home address, unless you declare your preference for your employer's address below

Address

Post code

Telephone

Mobile

Email

Employer's Address

If you prefer your mail to be sent to your employer's address, please indicate your preference here:

Company name

Department

Address

Post code

Telephone

Extension

E-mail

Job role

**Have you had any assistance completing the application form?
If so, by whom?**

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Qualifications

Please enter the most recent and most relevant to your project, programme or portfolio management career progression: This may include; degrees and coursework; professional certifications and qualifications; project, programme and portfolio management training; other professional development including awards, achievements or publications in project, programme or portfolio management.

Qualification/Title		
Awarding Body	Award date (DD/MM/YY)	/ /
Qualification/Title		
Awarding Body	Award date (DD/MM/YY)	/ /
Qualification/Title		
Awarding Body	Award date (DD/MM/YY)	/ /
Qualification/Title		
Awarding Body	Award date (DD/MM/YY)	/ /
Qualification/Title		
Awarding Body	Award date (DD/MM/YY)	/ /
Qualification/Title		
Awarding Body	Award date (DD/MM/YY)	/ /

Professional memberships

Professional association/body		
Membership level	Award date (DD/MM/YY)	/ /
Professional association/body		
Membership level	Award date (DD/MM/YY)	/ /
Professional association/body		
Membership level	Award date (DD/MM/YY)	/ /
Professional association/body		
Membership level	Award date (DD/MM/YY)	/ /
Professional association/body		
Membership level	Award date (DD/MM/YY)	/ /
Professional association/body		
Membership level	Award date (DD/MM/YY)	/ /

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Any other relevant information (if required).

Professional Activity (For Levels A-C only)

List of projects, programmes and portfolios

This list is mandatory for IPMA Levels A, B and C applicants both for certification and recertification purposes.

You should detail your participation in projects, programmes or portfolios by decreasing the chronological order of conclusion dates.

Since this list is a key element of decision to accept a new application, even if you include a project, programme or portfolio in your Executive Summary Report, you should include it in this list to assess the eligibility criteria (*ICR4 8.3.3*).

Important: Applicants shall verify if they are conforming to the minimum requirements for the level they are applying, as defined in IPMA Certification Regulations.

For each project, programme or portfolio, you should duplicate the corresponding description table as needed and fill in the tables according to the page instructions.

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Details on completing this application

Field	Mandatory	Details
PPP name	Yes	Project, programme or portfolio name.
Customer	Yes	Customer name. This information is required for eventual contact with referees. This information will be used only for certification purposes.
Type	Yes	Enter: P – Project; Pg – Programme; Pf – Portfolio.
Workload (% Duration)	Yes	Enter the percentage of total days of your work relating to the project duration. Use the appropriate boxes: Pf – Portfolio Director/Manager; Pg – Programme Director/Manager; PM – Project Director/Manager; TL – Team Leader; Other – describe in the comments box.
End date	Yes	Enter the date your responsibility ended (Format MM/YYYY).
Duration (months)	Yes	Project or Programme duration (MM) or the duration of your responsibility as Portfolio Director/Manager (MM).
Total team effort (days)	Yes	Enter total teamwork days (FTE), including contracted resources allocated to project, programme or portfolio activities.
Budget	No	Enter the project or programme budget in thousands of (local currency). For portfolios you should complete the total portfolio value. This field is optional but filling is recommended to contribute to the complexity assessment.
Referees	No	Filling is mandatory if the project, programme or portfolio is used in the certification report.
Description	Yes	Summary information to understand the project, programme or portfolio purpose (maximum of five lines). If the project, programme or portfolio is part of your executive summary report please mark it, avoiding repeated information.
Comments	No	Use to add the information you consider appropriate to clarifying your ability in managing projects/programmes/portfolios.

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Project, programme or portfolio	Type	Workload (% duration)				
		PF	PG	PM	TL	Other
Name						
Customer						
Project or programme end date or term of portfolio responsibility (MM/YYYY)		/				
Project or programme duration or portfolio responsibility duration (MM)						
Total team effort, including contracted resources (FTE)						
Budget in thousands of (£)						

Project, programme or portfolio	Type	Workload (% duration)				
		PF	PG	PM	TL	Other
Name						
Customer						
Project or programme end date or term of portfolio responsibility (MM/YYYY)		/				
Project or programme duration or portfolio responsibility duration (MM)						
Total team effort, including contracted resources (FTE)						
Budget in thousands of (£)						

Project, programme or portfolio	Type	Workload (% duration)				
		PF	PG	PM	TL	Other
Name						
Customer						
Project or programme end date or term of portfolio responsibility (MM/YYYY)		/				
Project or programme duration or portfolio responsibility duration (MM)						
Total team effort, including contracted resources (FTE)						
Budget in thousands of (£)						

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Other professional activities (For Levels A-C only)

(Related to project/programme/portfolio management)

Consultancy led by the applicant

Customer/ Company	Consultancy service	Start date	End date	Team members	Applicant's hours

Training delivered by the applicant

Customer/ Company	Course name	Start date	End date	Team members	Applicant's hours

Education delivered by the applicant

University/ College/ Institute	Lecture designation	Lecturing start date (MM/YY)	Lecturing end date (MM/YY)	Hours/ lecture	Academic grade*	Content author (Yes/No)
		/	/			
		/	/			
		/	/			

*B – Bachelor; M – Master; P – Post Graduate; D – Doctorate

Other project, programme or portfolio activities performed by the applicant

Employer	Activity	Start date (MM/YY)	End date (MM/YY)
		/	/
		/	/
		/	/

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Other information:

Add other information you consider useful for your application

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Registration

If you are successful, your name, certification's date and level can appear on the IPMA website. If you wish for this to happen, please tick here to confirm you are happy for APM to pass your details to IPMA.

Yes I am happy for APM to pass my details to IPMA. (check the box)

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 APM, 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)

Declarations of Applicant

I confirm that:

- I am aware of the APM certification/re-certification process, fees and APM's complaints and appeals procedure.
- I am aware that if any evidence submitted is found to be untruthful or fraudulent APM reserves the right to cancel the application. All data provided is correct and this application is my own work.
- I am aware that all levels of IPMA certifications are valid for five years and after this time the certificate must be renewed for my qualification to remain current using APM's standard re-certification process and providing suitable evidence of Continuing Professional Development (CPD).
- I agree to and will comply with the IPMA Code of Ethics
- to make the information related to my certification process available for IPMA Validation/Audit purposes;
- to verify the truthfulness of my information through the referees named in this application.

Applicant Signature:

Date of application
(DD/MM/YYYY):

/ /

For Levels A-C applicant checklist (check the box):

Completed ALL sections of your application	<input type="checkbox"/>
CV	<input type="checkbox"/>
Completed Executive Summary Report	<input type="checkbox"/>
Complexity indicator	<input type="checkbox"/>
CPD log	<input type="checkbox"/>
Referee declaration statement	<input type="checkbox"/>
Self-assessment form	<input type="checkbox"/>

For Level D applicant checklist (check the box):

Completed ALL sections of your application	<input type="checkbox"/>
Self-assessment form	<input type="checkbox"/>

Signed by AP or assessor

Name	
Date	
Signature	

Association for Project Management

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