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| D:\IPMA\Website\Intranet\323 Official Graphics\IPMA_full_logo_sm.png | Application FormInitial Certification & Recertification for Consultants, Coaches and Trainers(template) | CAPM LOGO novi |

***Please consider the environment before printing this document***

Version control

| Version and date of CVMB approval | Date | Valid until |
| --- | --- | --- |
| Version 1.0  | 28.09.2019 | N/A |
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Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Certification [ ]  Recertification [ ]

mark “X” as appropriate

|  |
| --- |
| IPMA® Level A |
| Certified Executive Consultant and Coach in project management (CECC) | [ ]  |
| Certified Executive Trainer in project management (CET) | [ ]  |
| IPMA® Level B |
| Certified Senior Consultant and Coach in project management (CSCC) | [ ]  |
| Certified Senior Trainer in project management (CST) | [ ]  |
| IPMA® Level C |
| Certified Consultant and Coach in project management (CCC) | [ ]  |
| Certified Trainer in project management (CT) | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Existing certificate Num. | *Any valid IPMA certificates* | Expiry date |  |
| Issued by  | *Name and country of the certification body* |

**Application verified by:**

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

Identification of Applicant

All fields are mandatory (except the number of Association Member) Photo

Dates should be entered using the format YYYY-MM-DD.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth |  |  |  |
| Place of birth |  |
| Nationality |  |  |  |
| Identification document (2) |  |  |  |
| Document number |  | Expiry date |  |
| Fiscal number |  | Association member (3) |  |
| Home Address | Postal mail will be sent to your home address, unless you declare your preference for your employer’s address below  |
| Street |  |
| Number |  | Floor |
| Postal code |  | City |  |
| Telephone |  | Mobile |  |
| E-mail |  |
| Employer’s Address | If you prefer your postal mail to be sent to your employer’s address, please signal your preference here: [ ]  |
| Company name |  |
| Department / Unit |  |
| Street |  |
| Number |  | Floor |  |
| Postal code |  | City |  |
| Telephone |  | Extension |  |
| E-mail |  |
| Invoice to be send to | Home Address [ ]  or Employer’s Address [ ]  Fiscal Nr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Profession |  |
| Member of Professional Organization / College / Association: |  | Member Nr. |
|  |  |  |
|  |  |  |

(2) Identity card, passport, other (specify)

(3) Association member number (optional)

Academic Degree

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Subject | Finish date(YYYY-MM) | Institution / College |
|  |  |  |  |
|  |  |  |  |
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Professional Activity

List of assignments of Consultant and Coach, Trainer

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

* Consultant and Coach
* Trainer.

You should detail your participation in consulting and coaching OR training activities by decreasing chronological order of conclusion dates.

For the recertification purpose, you should include all relevant references since last certification.

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 Consultants, Coaches and Trainers.

For each assignment, you shall copy the corresponding description table as needed and fill the tables according with the next page instructions .

|  |
| --- |
| Entry Instructions for filling in the form |
| Field | Mandatory | Details |
| Assignment – Consulting and Coaching OR Training | Yes | Leave only the relevant information and delete the rest that is not needed. Enter the number 1,2 etc. E.g., if you apply for the CC certification, leave only Assignment №1 – Consulting and Coaching and delete the rest. If you apply for T certification, leave only Assignment №1 – Training and delete the rest. |
| Name | Yes | Enter your first name and your last name. |
| Customer name or organisation name the Applicant worked for | Yes | Customer name or organisation name. This information is required for eventual contact with referees. This information will be used only for certification purposes. |
| Workload (% Duration) | Yes | Enter the percentage of total hours of your work relating to the assignment duration. Use the appropriate boxes:Cs – Consultant; Co – Coach;T – TrainerOther – describe in the Comments box |
| Duration of assignment, dates | Yes | Enter the dates of the duration of your assignment total.  |
| Total team effort (days) in case of team work | Yes | Enter total team work days (FTE), including contracted resources allocated to assignment. |
| Referees  | Yes | Fill in the details of the contact persons with whom the assessors could get in touch and verify the information provided at the application stage.  |
| Description | Yes | Summary information needed to understand your assignment. |
| Comments | No | Use to add the information you consider appropriate to clarify your ability in consulting, coaching, training. |

|  |  |  |
| --- | --- | --- |
| Assignment №\_\_: Consulting and Coaching OR Training  | Type | Workload (% Duration) |
| Cs | Co | T | Other |
| Name |  |  |  |  |  |  |
| Customer name or organisation name the Applicant worked for |  |
| **Duration of Assignment, dates** |
| CC (start date and completion date) |  |
| T (start date and completion date) |  |
| Total effort, including contracted resources (FTE)  |  |
| Referees for this assignment №\_\_\_ |
| Referee 1 |
| Name: |
| Position: |
| e-mail: |
| Telephone / mobile: |
| Referee 2 |
| Name: |
| Position: |
| e-mail: |
| Telephone / mobile: |
| Brief description (max. 5 lines) of the assignment №\_\_\_\_\_ |
|  |
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| Comments to the assignment №\_\_\_ |
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Other Professional Activities

(Related to consulting and coaching OR training in the project management filed)

Consultancy conducted by the Applicant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Customer / Company | Consultancy Service | Start date | End date  | № of team Members | Applicant’s № of hours |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

Coaching conducted by the Applicant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Customer / Company | Coaching Service | Start date | End date  | № of team Members | Applicant’s № of hours |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

Training conducted by the Applicant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Customer / Company | Course name | Start date | End date  | № of team Members | Applicant’s № of hours |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

Education delivered by the Applicant

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| University / College / Institute | Lecture Designation | Lecturing Start date(YY - MM) | Lecturing End date(YY - MM) | # Hours / Lecture | Aca-demic grade (\*) | Content author or co-author (Yes / No ) |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

(\*) B – Bachelor; M – Master; P – Post-graduate; D – Doctorate

Other activities performed by the Applicant

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Activity | Start date(YY - MM) | End date (YY - MM) |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

Continuous Professional Development (CPD)

Training

Include only training related to the development of your knowledge, skills and abilities.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Training Organization | Course designation | End date | № of Hours | Theory | Theory/ Practice | Practice |
|  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  |  | [ ]  | [ ]  | [ ]  |
|  |  |  |  | [ ]  | [ ]  | [ ]  |

Professional Certifications

Include only professional certifications that you consider related to consulting, coaching, training in the field of project management.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Certification Body | Certificate name | № of Hours (1) | Certi-ficate Number | Expiry date | Competence Elements |
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(1) Number of hours required for certification preparation

Other Activities related to CPD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| № | Activities | № of Hours (1) | Certificate Number and or Date (if relevant) | Competence Elements |
|  |  |  |  |  |
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Summary Statement on CPD

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| --- |
| Provide a short summary reflecting on what benefits you have gained from the CPD. |

Other information:

|  |
| --- |
| Add other information you consider useful for your application. |

Your motivation for Certification or Re-certification: (short text)

|  |
| --- |
| Why do you wish to be IPMA certified / re-certified for this level? |

Declarations of Applicant

I agree to and will comply with the conditions and obligations of the IPMA Certification for Consultants, Coaches and Trainers, including:

* the ownership and use of the Certificate;
* the [insert CB name] certification procedures;
* the [insert CB name] financial terms and conditions;
* the IPMA Code of Ethics;
* the [insert CB name] complaints and appeals process.

I authorize the storage and use of my name and certificate details on the Certification Body and IPMA databases: Yes [ ]  No [ ]  (mark “X” as appropriate)

I authorize the [insert CB name]:

* 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.

Date of application (YYYY-MM-DD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I accept that my information (needed for re-certification) is kept in an IPMA protected database and will be treated with the correspondent law and legislation.

I want to receive emails from IPMA: Yes [ ]  No [ ]