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| **CMI RECOGNISED** |
| Application Form |

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| **1** | **ORGANISATIONAL DETAILS** |

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| **Organisation Name\*:** |  |
| **Main Contact Name\*:** |  |
| **Membership Number (if applicable):** |  |
| **Nature of Business\*:** |  |
| **Existing relationship with CMI, eg Approved Centre** |  |
| **Full Address\*:** |  |
| **Email Address\*:** |  |
| **Website Address\*:** |  |
| **Contact Telephone Number\*:** |  |
| **Is your organisation VAT Exempt? \*** |  |

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| **2** | **PROGRAMME INFORMATION** |

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| **Programme Title(s**) \*:  *Please note, this is the title that will be displayed on the delegate certificate.*    *Please note:- As this programme is to be mapped to the CMI Professional Standards there should be no suggestion that delegates can achieve a formal qualification as a result of completing the programme.* |  |
| **Modules within Programme** (if applicable):  *This is not the overall Programme Title, but units or components within the programme depending on how your programme is structured.*  *Please identify which units are mandatory and those which are optional.* |  |
| **Please advise the duration of the programme in respect of:-**  Delivery time\*  Time for the overall completion of the Programme\* |  |
| **Supporting documentation attached\*:***Please attach where possible from the following list:-*   *Please note: this list is not exhaustive. Our aim is to gather as much information from you as possible for the mapping process:-* *full learning content and syllabus for each programme that is to be considered for Recognised Programme**length of workshop/programme**aims/objectives**content or activity to show programme has outcomes to develop the delegates practice and behaviours*  * *application of learning* * *training notes*  *delegate packs**how often the programme will be delivered**your plans for when the programme will be updated/reviewed*  * *access to e-learning tools and LMS Style tools if appropriate* |  |
| **What management level is this programme aimed at?** \* | Team Leader  Supervisor/First Line Manager  Operational/Departmental Manager  Middle Manager  Senior Manager/Director  CEO |
| **Third Party Delivery:-**  Please provide details of any third party or franchise arrangement in relation to the programme that is being recognised with full explanation of quality assurance of delivery\*: Please see our guidance document for details of your responsibilities when using a third party for delivery. |  |

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| **3** | **ADVISORY NOTES** |

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| **Intellectual property rights :-**  Where third party case studies, diagnostics and company reports are included in the Programme, you must acknowledge their sources\* and declare you have full permission to use these. |  |
| **Use of Video/Web conferencing for one to one delivery:-**  Please provide actual content of Skype sessions to give guarantee that candidates would cover all areas that have been mapped. Any online autocue material needs to be comprehensive to show evidence of mapping to the CMI Professional Standards. |  |
| **E-Learning:-**  Where e-learning programmes are used we must have evidence of how the learner’s progress is tracked. Full information of the monitoring in place to gauge learner interaction to ensure learners complete all content. |  |

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| **4** | **ADDITIONAL INFORMATION** |

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| **Do you wish to include your organisation logo on delegate certificates?**  If yes, please attach a suitable image of your logo with this application.  *Please note: this service will incur an additional cost* |  |
| Please provide details of any other management qualifications offered by the organisation and other Awarding Body Partnerships (if applicable) |  |
| **Membership:**  Please provide details of members of staff who you wish to have complimentary Membership (max 2 staff members) including email addresses |  |

# ***\*****mandatory fields*

□ I have read and agree to the Partnership Agreement and Centre Guidance

# Please email this form and supporting documentation to [recognised.mapping@managers.org.uk](mailto:recognised.mapping@managers.org.uk)