CMI RECOGNISED
Application Form

1 ORGANISATION DETAILS

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

CMI Chartered Management Institute

*Mandatory Fields

2 PROGRAMME INFORMATION

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? *	
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.	

3 ADVISORY NOTES

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.	

4 ADDITIONAL INFORMATION

Do you wish to include your organisation logo on delegate certificates? If yes, please attach an image of your logo in a jpg or png as a separate document 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	

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

Please email this form and supporting documentation

 recognised.mapping@managers.org.uk