

## CERTIFICATION APPLICATION FORM

This form provides registration information for the administration and records for a certification round. The application form is used for First Certification, Re-certification, Certification-upgrade.

The information about APMSA members will be updated to enable us to prepare targeted programmes and information. Your input will also enable us to communicate with you about APMSA plans and programmes.

Please complete the form by typing or handwrite in capitals. Send it by e-mail as a Word.doc file to; [apmsa@whp.co.za](mailto:apmsa@whp.co.za), or fax the completed form to: +27 11 886 5495.

### SECTION A – RE-CERTIFICATION APPLICATION

Current certificate (Re-certification)	IPMA Level	Current Level Descriptor	Current Certificate Date [yy/mm/dd]	Current Certificate Number	Line No.
Certificate Level	D	Certified Project Management Associate			A01
	C	Certified Project Manager			A02
	B	Certified Senior Project Manager			A03
	A	Certified Project Director			A04

New members must continue at **SECTION C**.

### SECTION B – FIRST CERTIFICATION OR UPGRADE CERTIFICATE APPLICATION

Desired certificate (First or Upgrade certificate)	Apply for Level	Level Descriptor	Current Certificate Date [yy/mm/dd]	Current Certificate Number	Line No.
Certificate Level	D	Certified Project Management Associate			B01
	C	Certified Project Manager			B02
	B	Certified Senior Project Manager			B03
	A	Certified Project Director			B04

## AGREEMENT

By signing this agreement, the candidate declares that he understands and is aware of the terms and conditions of the certification and his obligations during the certification process. He is aware that certification holders names are in the public domain and abuse may compromise his certification status.

That he studied the Guideline; Instruction to Candidates, and is aware of the submission of private information for application purposes and should provide references for validation purposes. These references must be informed about their names been given to APMSA-SERT for the purposes of certification interviews and validation.

He agreed with his employer to use project data purely for the purpose of certification and that a separate secrecy agreement may be required and undertakes to arrange for such an agreement.

**Paid-up members of APMSA do not have to complete the rest of this application form, except the photo attachment and signatures.**

**Forward the completed form to APMSA; the address is in the form header.**

## SECTION C: MEMBERSHIP APPLICATION

Data Group	Data field	Field to be completed by typing & e-mail OR print, hand writing and fax.			Line No.	
Personal Data	Copy and Paste: <input checked="" type="checkbox"/>	Gender: Male or Female	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>	Salutation: Mr, Mrs, Miss	01
		Surname/Family name:				02
		First / Call Name:				03
		Other names:				04
		Birth date: ccy/mm/dd				05
		ID No.: if applicable				06
		Passport No.: if applicable				07
		Nationality:				08
					09	
Address		Postal address:				10
		Home address:				11
		Work address:				12
					13	
E-mail		Preferred E-mail 1: name@domain.class.country				14
		Alternative E-mail 2:				15
					16	
Telecoms		Landline @ work: Country Area TelNo				17
		Landline @ home:				18
		Cell/Mobile:				19
		Fax:				20
					21	
Cultural / Race		Mother tongue: Language best understood				22
		Communication language: Must Read, Write & Speak				23

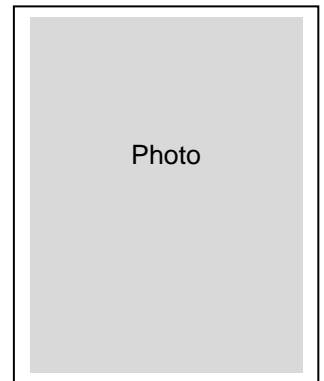
	Other languages: Indicate R, W & S		24	
	Computer applications: List applications you know well as a user.		25	
	IT System configuration: List systems you can configure.		26	
	Racial classification (for government racial classification only)		27	
			28	
<b>Secondary Qualifications</b> Certified copy required	School name / Town.		29	
	Highest secondary qualification: Matric, (NQF4), Trade, Std 8		30	
	Year qualified:		31	
			32	
<b>Tertiary (post school) Qualifications</b> Certified copy required	Institution name / Town.		33	
	Highest tertiary qualification:		34	
	Year qualified:		35	
	Diploma:		36	
	Baccalauruis:		37	
	Magister:		38	
	Doktor:		39	
	Other:		40	
			41	
	Management qualifications / Institution: Qualification and Institution		42	
			43	
<b>Experience in failure</b>	Project management experience 1: In an unsuccessful project, describe learning points in:	Configuration:	Competence:	44

Experience in success	Project management experience 2: In a successful project describe the reasons for success:	Configuration:		Competence:		45
	Project management experience 3 in: Describe your profile.	In Project Support Services:	In non-complex Projects:	In Complex Projects:		46
						47
Employer	Present employer:					48
	Position at employer:					49
	Copy and Paste: <input checked="" type="checkbox"/>	Are you currently managing projects?:	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>		50
	Technology: IT, Construction, Engineering, Marketing, Social engineering, Mergers, Strategic Planning, etc.					51
						52
PM certification	Have you visited <a href="http://www.ipma.ch">www.ipma.ch</a> > Certification?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/> : Please do so before answering the next sections.			53
	Are you interested in being certified as a competent Project manager in the next years?	No: <input type="checkbox"/> ; I am OK.	Yes: <input type="checkbox"/> : and what career expectations do you have?			54
	And at what IPMA 4LC level? D, C, B or A.	None: <input type="checkbox"/>	Yes, Lvl D: <input type="checkbox"/>	Yes, Lvl C: <input type="checkbox"/>	Yes, Lvl B: <input type="checkbox"/>	Yes, Lvl A: <input type="checkbox"/>
						56
APMSA contribution	List special interests in Project Management?					57
	How can you contribute to advance the PM skill in SA? Short description.					58

I the applicant agree to the rules of certification and the payment conditions as described in the Guideline: Certification Procedures in case of a private certification.

I, the applicant certify the information is true and can be verified by others, and I have declared all aspects that may have relevance to this application.

<b>Signature</b>	<b>Date</b>	<b>Place</b>



**Responsible person for payment.**

I declare that I have done all things to facilitate payment as agreed.

<b>Name [CAPITALS]</b>	<b>Order No.</b> In case of a company	<b>Private</b> Payment method