

If known, please enter your Membership No.

**ACADEMY OF PROFESSIONAL
MANAGEMENT(INTERNATION
AL EXAMINATIONS) (APM)**

Please return to:
Suite 1, 3RD Floor 11-12 St.James's Square
London, England
SW1Y4LB
Tel: +44 7909 1633 23
Email: apmuk@outlook.com

**ACADEMY OF PROFESSIONAL MANAGEMENT (INTERNATIONAL
EXAMINATIONS) APPLICATION FORM**

Applicant Ref No (will be allocated by APM)	Date Received (entered by APM)

Section 1		Personal Details (BLOCK Letters Please)	
Surname/Family Name			
Forename 1			
Forename 2			
Forename 3			
Title: (Miss/Ms/Mrs/Mr/Dr)			
Previous Name (if applicable)			
Date of Birth			

Section 2		Address Details (BLOCK Letters Please))	
Contact Address (for correspondence)			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
Postcode			
Telephone Number (with country and area code)	Day		Evening
Fax Number (if available)			
E-mail Address (if available)			
Permanent Home Address (if different from above)			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
Postcode			
Telephone Number (with country and area code)	Day		Evening
Fax Number (if available)			
E-mail Address (if available)			

Programme Applied _____

Disabilities (Please tick the appropriate box)

No known Disability *(If you tick this box please go to Residential Category)*

In Receipt of SDA, has disability Not in Receipt of SDA, has disability

Details (Please tick the appropriate box)

Dyslexia Blind/Partially Sighted

Deaf/Hearing Impairment Wheelchair User/Mobility Difficulties

Personal Care Support Mental Health Difficulties

Unseen Disabilities, e.g. Diabetes Multiple Disabilities

Autistic Spectrum Disorder or Asperger Syndrome

If you have a disability not listed above, please give brief details

If support is required as a consequence of the above, please give brief details

If you have a relevant criminal conviction, please tick the box.

(See Instructions for Completion of Application Form)

Have you previously been refused admission to study, or continuation of study, other than on academic grounds?

Yes

No

English Language Proficiency (please complete only if native language is not English)

IELTS Score: test date:		TOEFL Score: test date:		Cambridge Certificate of English: test date:	
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Other (please give details of recent English Language Proficiency including formal qualifications)

EMPLOYMENT AND EDUCATION HISTORY

Section 3 Employment History (BLOCK Letters Please)

Please enter periods of employment or research experience in chronological order, with most recent at the top

Date From (Month/Year)	Date To (Month/Year)	Employer (if not UK, please state which country)	Title & Description of Post(s) Held

Section 4 Educational and Other Relevant Qualifications for Admission (BLOCK Letters Please)			
<i>Please list below, in chronological order, your educational, professional and other relevant qualifications for entry including those you hope to obtain. Please enclose a transcript of the main degree qualification (translated into English where appropriate).</i>			
Qualification Title, Subject and Level	University/College of Study (if not UK, please state which country)	Result or Grade	Date of Award or Anticipated Award (Month/Year)

Section 5 How did you hear about APM Programme? (Please tick the appropriate box)			
1. APM Prospectus	<input type="checkbox"/>	2. Website	<input type="checkbox"/>
4. Magazine Advertisement	<input type="checkbox"/>	5. Bunting & Banner	<input type="checkbox"/>
7. APM International Officer	<input type="checkbox"/>	8. Family/Friends/Colleagues	<input type="checkbox"/>
10. Newspaper/Journal (please specify)	11. Others (Please specify)		

Section 9 Referee Details (BLOCK Letters Please)		
	First Referee	Second Referee
Name		
Occupation/Relationship to Applicant		
Address Line 1		
Address Line 2		
Postcode		
Telephone (with country & area code)		
Email address		

Section 10**Personal Statement**

Please enter below a personal statement by yourself which could include details of your aptitude for study; details of any relevant practical experience, responsibilities, study abroad; outside interests; reasons for wishing to study Academy of Professional Management (International Examinations); where appropriate, reasons for wishing to visit the UK etc. Please continue on a separate sheet if necessary.

Declaration

I certify that the information given in this application is correct and complete. If I am admitted to the Academy, I undertake to observe the Academy's Regulations and to ensure payment of tuition fees and other financial liabilities to the Academy. I agree that the Academy of Professional Management (International Examinations) may process personal data contained in this form, or other data which the Academy may obtain from me or other people whilst I am an applicant and student, for any purposes connected with my application or for any other legitimate reason.

Signature of Applicant:**Date:**

Thank you for completing this form.

ADDITIONAL STATISTICAL DATA QUESTIONNAIRE

The information on this page is required for statistical purposes only and will not be made available to staff considering the application for admission. Please tick the appropriate boxes.

Gender Male Female

Marital Status Married Single Divorced

Ethnicity (Please tick the appropriate box)			
White	British	<input type="checkbox"/>	
	Irish	<input type="checkbox"/>	Irish Traveller <input type="checkbox"/>
	Scottish	<input type="checkbox"/>	Welsh <input type="checkbox"/> Other White Background <input type="checkbox"/>
Are you a first generation student?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>	African <input type="checkbox"/> Other Black Background <input type="checkbox"/>
	Asian or Asian British	Chinese	<input type="checkbox"/>
Japanese		<input type="checkbox"/>	Other Asian Background <input type="checkbox"/>
Mixed		White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/>
	Other Mixed Background <input type="checkbox"/>		
Other Ethnic Background	<input type="checkbox"/>		

Occupation			
Most recent occupation of yourself, or if entering at under age 21 (undergraduate) or 25 (postgraduate) the person with the highest earnings in your household		<input style="width: 100%; height: 20px;" type="text"/>	
Category of the above occupation (Please tick the appropriate box)			
Higher Managerial & Professional	<input type="checkbox"/>	Lower Managerial & Professional	<input type="checkbox"/> Intermediate <input type="checkbox"/>
Small Employer/Own Account Worker	<input type="checkbox"/>	Lower Supervisory & Technical	<input type="checkbox"/> Semi-Routine <input type="checkbox"/>
Routine	<input type="checkbox"/>	Never Worked/Long-term Unemployed	<input type="checkbox"/> Not Classified (Including Students) <input type="checkbox"/>