



APPLICATION FORM

NAME OF COMPANY:			
YEAR INCORPORATED		WEBSITE	
KEY CONTACT NAME AND NUMBER		ABN	
ADDRESS /S			
SERVICES PROVIDED: Please tell us in no more than one A4 page about your business and what training / courses / workshops you provide that would be beneficial to our members.			



Please explain in no more than half an A4 page how you follow APMP best practice in providing your training?

Empty space for the response to the first question.

List the past three recent training sessions you have provided.

Empty space for the response to the second question.



Can you provide any referees we can contact and /or testimonials?

1)
2)
3)

DO YOU OFFER ONLINE CLASSES? Yes / No

<p>DO YOU OFFER CLASSROOM-BASED TRAINING?</p> <p>If YES - in which States / Territories / Countries?</p>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<p><u>New Zealand</u></p> <input type="checkbox"/> North Island <input type="checkbox"/> South Island
	<p><u>Australia:</u></p> <input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> NT <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> VIC <input type="checkbox"/> WA	<p><u>Asia</u></p> <input type="checkbox"/> Singapore <input type="checkbox"/> Hong Kong <input type="checkbox"/> Philippines <input type="checkbox"/> China <input type="checkbox"/> Asia - other

Are your trainers APMP Certified Yes / No

If No, please list what other qualifications they hold.

<p>What level of training does your training cover?</p> <p><i>Check those that apply</i></p>	<input type="checkbox"/> High School <input type="checkbox"/> University / College Student <input type="checkbox"/> Adult in a bidding role	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
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Would you be interested in supporting our local APMP Chapter?

Yes / No

If Yes, please list how you would like to support us eg; sponsorship, webinar, networking speaker, conference speaker etc.



Do you supply a certificate on completion of the training?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
I have read and accept the Terms and Conditions (Click to view)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Signature of applicant	<hr/>