



**The Institute of Risk Management**  
**ACCREDITATION PROPOSAL FORM (APF)**

INFORMATION ABOUT YOU AND YOUR ORGANISATION			
<b>Organisation Name</b>			
<b>Address</b>			
<b>Telephone No</b>		<b>Website Address</b>	
<b>Named Proposer &amp; Qualifications</b>			
<b>Names of proposed course tutors</b>	<b>Qualifications</b>	<b>Level of training experience</b>	
INFORMATION ABOUT THE TRAINING PROGRAMME			
<b>Title of Course</b>			
<b>Training objectives (list the principle learning objectives of the course)</b>			
<b>List of Contents (briefly list main topics/subject areas to be covered)</b>			

**Intended audience and level of experience (Indicate main target)**

**Course Duration**

Is the course to be:

1. Developed in-house solely for delivery within our own organisation?

Yes / No

2. Developed as an external organisation for delivery to a specified client(s) / client sector?

Yes / No

3. Developed to be offered to our existing client base as well as the wider business community?

Yes / No

**ADDITIONAL INFORMATION IF YES INDICATED IN 2 or 3 ABOVE**

**Describe how you plan to promote the course**

**Where do you plan to run the course (geographical areas in which it will be offered)**

**Initial stage approval team (IRM Use Only)**

**Accept / Decline (A/D)**

**Return completed form to Accreditation, IRM, 6 Lloyd's Avenue, London, EC3N 3AX  
PLEASE DO NOT SEND ANY ADDITIONAL COURSE MATERIAL AT THIS STAGE**