

The Institute of Risk Management
ACCREDITATION PROPOSAL FORM (APF)

INFORMATION ABOUT YOU AND YOUR ORGANISATION

Organisation Name			
Address			
Telephone No		Website Address	
Name of Proposer & Job Title			
Names of proposed course tutors	Qualifications	Level of training experience	

INFORMATION ABOUT THE TRAINING PROGRAMME

Title of Course	
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Training objectives (list the principle learning objectives of the course)

List of Contents (list main topics/subject areas to be covered)

Describe the method(s) of delivery eg classroom, workshops, elearning

Course Duration

Intended audience and level of experience



Leading the risk profession

Describe how you plan to promote the course, or is it a mandatory part of your organisation's learning framework?

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

Signed by Proposer:

Date:

Initial stage approval team (IRM Use Only)

Accept / Decline (A/D)

**Return completed form to training@theirm.org
PLEASE DO NOT SEND ANY ADDITIONAL COURSE MATERIAL AT THIS STAGE**