



Form PDP-PDS

Application for the Assessment of Professional Development Schemes

This form is for use by companies or organisations seeking accreditation or re-accreditation of their Professional Development schemes. An electronic version may be obtained from the PDP website at www.pd-how2.org/. Please read carefully the accompanying GUIDELINES before completing the form and contact the selected institutions as required.

Please tick all boxes relevant to your application. If you are seeking joint accreditation, please put a cross for your chosen lead institution

This Application is made to:

<u>Institution</u>	<u>Registration Categories</u>				<u>Scheme Type</u>	
	<u>CEng</u>	<u>IEng</u>	<u>EngTech</u>	<u>CPhys/CSci</u>	<u>Company Specific</u>	<u>Institution Monitored</u>
<input type="checkbox"/> The Institution of Engineering and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	—
<input type="checkbox"/> IMechE	<input type="checkbox"/>	<input type="checkbox"/>	—	—	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RAeS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	—
<input type="checkbox"/> IoP	<input type="checkbox"/>	—	—	<input type="checkbox"/>	<input type="checkbox"/>	—

Section 1 – Applicant Information
1.1 Name of Organisation
1.2 Nature of Business
1.3 Title of Scheme

**1.4**  
**Purpose and scope of Scheme**

**1.5**  
**Locations/Divisions where the Scheme is in operation**  
HQ address

Tel No: Fax No: Web:

Additional locations/divisions

**1.6**  
**Person with ultimate responsibility for the scheme**

Name Position  
Address

Tel No: Fax No: E-mail:

**1.7**  
**Person responsible for day-to-day administration of the scheme**

Name Position  
Address

Tel No: Fax No: E-mail:

**1.8**  
**Management and Staff** - Please list on a separate sheet with the following details:

Name Job Title  
Location  
Institution  
Class / Grade Any designatory letters



**2.3**

**Scheme Content:** Please describe the content and general pattern of the scheme.  
How long does it take candidates to gain a suitable profile of competence to meet registration requirements?

Document/Ref

**2.4**

**Candidate Completion:** What roles do candidates undertake on successful completion of the scheme?

Document/Ref

**2.5**

**Learning Environment:** What evidence can you provide to show that your organisation has a learning environment that is generally conducive to professional development?  
Document/Ref

Document/Ref

**2.6**

**Candidate Support:** What form of support do you provide for candidates aiming to become registered?

Document/Ref

**2.7**

**Candidate Assessment:** How (and how often) do you assess the competence and performance of candidates on the scheme?

Document/Ref

**2.8**

**Candidate Records and Scheme Documentation:** Please outline what kind of records candidates must keep and how the scheme itself is documented.

Document/Ref

**2.9**

**Scheme Co-ordination and Quality:** Please explain how the scheme is co-ordinated and what monitoring, feedback, evaluation and quality assurance procedures are in place.

Document/Ref

**2.10**

**Risk Factors:** How do you ensure that the scheme remains effective over time and that the reasonable expectations of participants and other stakeholders continue to be met.

Document/Ref

### Section 3 – List of Attachments

This space is for listing any supplementary material attached to your application, e.g. scheme manual, training records etc, as supporting evidence for all aspects of Section 2.

## Section 4 - Checklist and Declaration

**4.1**  
Section 1 completed   
Section 2 completed   
Section 3 completed

**4.2**  
**Fees**  
The institutions have different fee structures associated with accreditation and monitoring of candidates. Fee information is detailed on a separate sheet available from each institution if not included with the Application Guidelines.

**4.3**  
**Declaration**  
**This must be signed by the Chief Executive or other person having the authority to allocate the resources required to support this scheme.**  
By submission of this application the Company agrees to honour its commitment for the professional development of candidates and pay the accreditation fees due to the relevant institutions. The Company is also giving assurance that qualified staff and resources are available to support the Scheme.  
The Company is responsible for ensuring that all relevant personnel involved with the development of the candidates are fully aware of this application and the Partner institutions' requirements. Accreditation is subject to review at any time and may in exceptional circumstances be withdrawn; this would only be implemented after extensive discussions between the Company and the accrediting professional bodies.  
It is a condition of accreditation that any significant changes which could affect this scheme, must immediately be notified in writing to the accrediting institutions. This includes changes in key personnel. In addition, the accrediting institutions require an Annual Self-Assessment of the Scheme by the Company/Organisation, identifying any developments and providing targets for improvement.  
**On behalf of the named organisation, I apply for accreditation of the professional development scheme described in this document. I have read the notes above and understand and accept the implications of making this application.**  
Name  Signature   
Position  Date

**Office Use Only**

Date received	Visit Date	Scheme Number
Multi Site	Joint Visit	Follow-up required
Committee Date	Decision	Audit Type
SAR due		