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| **Part 1 of 3** | | | | | | | | | | | | | | | | |
| **You must have completed all three parts of this form before submitting your application for the Capture Practitioner examination.** | | | | | | | | | | | | | | | | |
| **A Your Details** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Title |  | | | | First Name | |  | | | | Family Name | | |  | | |
|  | | | | | | | | | | | | | | | | |
| **B Current Employment** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Employer | |  | | | | | | | | Job Title | |  | | | | |
| Business Address | | | | | |  | | | | | | | | | | |
| County/State | | |  | | | | | Postcode |  | | | | Country | | |  |
| Business Phone | | | |  | | | | | | Business Email | | | | |  | |
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| **Part 2 of 3** | | |
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| **D Self Certification** | | |
| **As part of your application you are required to self-certify the following:** | | |
|  | | **Initials** |
| 1. I confirm that I have worked in a sales / capture / bidding environment for a minimum of three years. | |  |
| 2. I confirm that I have read and understood the sections of the APMP Body of Knowledge that are relevant to this examination, particularly those relating to: | |  |
| a. | Customer and Competitor Intelligence |  |
| b. | Customer Relationship Management |  |
| c. | Developing and Delivering Presentations |  |
| d. | Developing Opportunity/Capture Management Strategy |  |
| e. | Individual and Organizational Roles |  |
| f. | Introduction to the Business Development Lifecycle |  |
| g. | Negotiation Strategy Development |  |
| h. | Opportunity/Capture and Proposal Management Scheduling |  |
| i. | Opportunity/Capture Management Skills |  |
| j. | Opportunity/Capture Plan Development |  |
| k. | Opportunity/Capture Team Selection and Management |  |
| l. | Price-to-Win |  |
| 1. I confirm that I have read and understood the relevant parts of the APMP OTE Preparation Guide. | |  |

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| **Part 3 of 3** | | | | | | | | | | | | | | | | | |
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| **E Sponsor’s’ Details** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| I, the undersigned, support the candidate from my professional knowledge as worthy of the opportunity to be a candidate for the APMP’s Capture Practitioner Certification program. | | | | | | | | | | | | | | | | | |
| Sponsor relationship to candidate | | | | | | | | | | | | | | | | | |
| Title |  | | | First Name | |  | | | | | | | Family Name | | |  | |
| Post Nominals | | |  | | | | | **Sponsor to Sign here** | | | | | | | | | |
| Address for communication | | |  | | | | | | | | | | | | | | |
| County/State | |  | | | | | Postcode | | |  | | | | Country | | |  |
| Phone | |  | | | Mobile | | | |  | | | Email | | |  | | |
|  | | | | | | | | | | | | | | | | | |
| **F Declaration** | | | | | | | | | | | | | | | | | |
| I understand and consent to the information provided on this form being processed by the APMP for its sole use and that of its associated organisations, including the APM Group, for the purpose of promoting, delivering and improving my experience of the APMP and its products and services or such other purposes as are described in the APMP Privacy Statement. If either now or in the future I am based outside the European Economic Area (the “EEA”), my information may be transferred outside the EEA to enable me to benefit from the APMP opportunities overseas or, where required, to enable the APMP to meet any legal or other legitimate obligations in that country. | | | | | | | | | | | | | | | | | |
| Candidate Signature | | | | | | | | | | | Date | | | | | | |
|  | | | | | | | | | | |  | | | | | | |

**When this form is competed, please prepare scanned copy and submit it via the portal at:**

[operations@apmg-international.com](mailto:operations@apmg-international.com)