# Endorsed Training Scheme (ETS): Foundation Award Application Form

*This application form is to be completed and submitted electronically.*

Before submitting your application form:

Please contact the IAM ETS Team, who will provide you with details of a secure method to upload the documentary evidence required to support your application. This evidence is identified within this application form.

The IAM will not start to assess an application until the application fee has been received. You can request an invoice for the application fee by contacting the ETS Team.

If you have any queries related to the application process, please contact us.

The IAM ETS Team can be contacted at [ETS@theIAM.org](mailto:ETS@theIAM.org).

Completing the application form and providing supporting information

This form comprises four parts:

1. Details of the applicant - *to be completed by all applicants*
2. Trainer competence requirements - *to be completed by all applicants*
3. Applicants training material
4. Declaration - *to be completed by all applicants*

Sections of this form require a **Yes** or **No** response to specific questions. Please delete the response that does not apply.

The symbol “⏵” indicates where to enter a text response to a question.   
(If you are providing responses in a separate document please answer **Yes** to the question *‘Are additional documents provided as evidence of this?’*)

Please do not submit files as a zipped folder (.zip or .RAR files), as these cannot be unzipped within the cloud storage folder.

Files are to be submitted as PDFs or Microsoft Office formats (Word, PowerPoint, Excel).

Language

English is the working language of the IAM. Application documents, copies of course materials and supporting documentary evidence should be provided in English.

The IAM is unable to absorb the costs for translating materials from another language into English and any translation costs related to an application be borne by the applicant. If an applicant therefore wishes to submit material in a language other than English, this must be discussed with the IAM ETS team, to determine whether or not this is practical. An application will not proceed until agreement is reached between the IAM and the applicant.

If the IAM is obliged to translate into English any material submitted in support of an ETS Application, any costs incurred in the production of this translation will be charged to the Applicant.

Confidentiality of applicants’ information

All material submitted to the IAM as part of an ETS Application will remain confidential and will not be released by the IAM to any third parties without the prior written permission of the applicant, unless required to do so by order of a recognised Court of Law.

Material deemed by the IAM to be no longer required or retained by the IAM will either be returned to, and at the cost of, the originating organisation, or will at the IAM’s cost be securely destroyed by the IAM or its chosen agents in an appropriate and confidential manner.

# 1. Details of the applicant

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| 1. Name of Applicant:    1. The term ‘Applicant’ includes companies, individuals and consortia. | | | | | |
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| * 1. The name of the Legal Entity which would be entering into an Agreement with the IAM, if this is different to the name above under which the Applicant operates. The Legal Entity must be a registered company or a Sole Trader. | | | | | |
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| * 1. Company number, registration number or identification number | | | | | |
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| * 1. Registered address: | | | | | |
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| 1. Current IAM Corporate Member?   (*This section only needs to be completed by applicants that are already IAM Corporate members)* | | | | | |
| IAM Corporate Registration Number: | | Renewal date: | | | |
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| 1. Is Applicant an existing IAM Endorsed Training Provider?   Does your organisation already have endorsement(s) for any categories of IAM endorsed training?  If ‘Yes’, please identify endorsements below: | | | | | Yes / No |
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| 1. The Applicant’s ‘Responsible Individual’ | | | | | |
| This is the individual that is responsible for submitting the application and will be the primary contact for correspondence relating to the application. | | | | | |
| Name: |  | Email: |  | | |
| Tel: |  | Mobile / Cellphone: |  | | |
|  | | | | | |
| **Alternative contact** (for queries if the ‘Responsible Individual’ is not available) | | | | | |
| Name: |  | Email: |  | | |
| Tel: |  | Mobile / Cellphone: |  | | |
| 1. Organisation’s structure | | | | | |
| Please describe your organisation including the structure and associated duties, responsibilities and authorities of management and other personnel involved in training activities.  Where appropriate this must explain the line of authority and also the relationship to other parts within the same legal entity or associated legal entities involved in the management or delivery of training covered by this application. | | | | | |
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| Is further evidence provided in separate documentation? | | | |  | Yes / No |
| 1. Organisation’s asset management capability | | | | | |
| Please provide details of the organisation’s knowledge and experience of physical asset management. | | | | | |
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| Is further evidence provided in separate documentation? | | | | | Yes / No |
| 1. Organisation’s training capability | | | | | |
| Please provide details of the organisation’s knowledge and experience of developing and delivering educational or training courses and related services. | | | | | |
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| Is further evidence provided in separate documentation? | | | | | Yes / No |
| 1. Quality assurance processes   Please provide details of the quality assurance processes to be used for:   * 1. training administration and delivery of the courses.   2. feedback from students / course delegates about course organisation, content and delivery.   3. the submission, recording and resolution of any complaints from students / course delegates.   4. reviewing information gathered via (a) to (c) to continually improve training delivery | | | | | |
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| Is further evidence provided in separate documentation? | | | | | Yes / No |
| 1. Market(s) for training | | | | | |
| * 1. Are you planning to offer the Foundation Award: | | | | | |
| * + 1. as publicly marketed sessions, available to any learner? | | | | | Yes / No |
| * + 1. to client organisations, with sessions only available to their own staff and/or contractors? | | | | | Yes / No |
| * + 1. only to your own organisation’s staff as closed, in-house sessions? | | | | | Yes / No |
| * 1. Please identify your forecasts of the following, for the first 12 months of being endorsed for Foundation Award delivery: | | | | | |
| * + 1. the number of courses / sessions delivered | | | | |  |
| * + 1. the estimated number of delegates for each course / session | | | | |  |
| * 1. Please identify in which regions of the world you propose to deliver the Foundation Award: | | | | | |
| Worldwide? | | | | | Yes / No |
| If not seeking to deliver ‘worldwide’, please identify the relevant geographical areas below: | | | | |  |
| Europe? | | | | | Yes / No |
| North America? | | | | | Yes / No |
| South & Central America? | | | | | Yes / No |
| Middle East? | | | | | Yes / No |
| Africa? | | | | | Yes / No |
| Asia? | | | | | Yes / No |
| Oceania? | | | | | Yes / No |
| * 1. Please identify if you would wish to deliver the Foundation Award in languages other than English.   If ‘Yes’ please identify the languages. | | | | | Yes / No |
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# 2. Trainer competence requirements

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| 1. Competence requirements | | |
| * 1. All trainers proposed by the applicant to develop and/or deliver Foundation Award courseware are required to demonstrate minimum levels of competence in terms of:      1. asset management: knowledge & understanding; and experience      2. developing / delivering technical or business-related training   2. **Competence in asset management**   For the development and/or delivery of Foundation Award training, the minimum requirements are:   * + 1. Qualification with the IAM Certificate or above.   ***Note 1:*** *Higher acceptable qualifications are the IAM Diploma or a postgraduate degree (MSc/MBA etc.) in asset management on a course acceptable to the IAM.*  ***Note 2:*** *If a proposed trainer does not meet this requirement, evidence of an equivalent level of knowledge and understanding to the IAM Certificate must be provided.*  ***and, either***   * + 1. Member of the IAM (MIAM).   ***or***   * + 1. 24 months’ experience working in an asset management role as a Practitioner or higher in 3 of the 7 Key Roles.   ***Note 3****: For details of ‘Practitioner Level’, see IAM membership page ‘Criteria for becoming a member of the IAM’ -* [*LINK*](https://theiam.org/membership/individual-membership/)  ***Note 4****: For details of the 7 Key Roles see IAM Competence Framework -* [*LINK*](https://theiam.org/knowledge/Knowledge-Base/competences-framework/)   * 1. **Competence in training development and/or delivery**   The requirements for this competence are:   * + 1. demonstrable experience of delivering business or technical training as an in-house or publicly available course   ***or***   * + 1. a recognised training qualification   ***or***   * + 1. successful completion of an in-house programme to prepare individuals for delivering training (e.g. train the trainer sessions) | | |
| 1. Details of trainers and their competence    1. **Competences template:** Applicants must complete and submit the Excel template embedded below, identify all proposed trainers and information relevant the competence requirement identified in Section 10 above. Please open the spreadsheet and go to the worksheet *‘Instructions & Guidance’* to understand how to complete and save the template.      * 1. **CVs**: To support the data in the *‘competences template’,* a CV is to be submitted for each trainer detailing their relevant experience and qualifications. | | |
| Are the spreadsheet and CVs included with your application? | Yes / No | |
| 1. Management of trainer competence | | |
| * 1. To resource training delivery, do you propose to use? | | |
| * + 1. your own personnel? | | Yes / No |
| * + 1. subcontracted individuals or agents? | | Yes / No |
| * 1. Please provide details of how the competence is to be managed for individuals delivering training - the applicant’s own personnel and/or contracted resources. For the applicant’s own personnel, the details are to include confirmation that up-to-date personnel records are maintained, including relevant qualifications, training, experience, affiliations and professional status. | | |
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| Is further evidence provided in separate documentation? | | Yes / No |

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| 3. Applicants submitting their training material | |
| 1. Development of training materials | |
| Courseware must align to, and comply with, the IAM’s Syllabus for the Foundation Award. The applicant must demonstrate:   * 1. how the requirements of the syllabus for the Foundation Award will be addressed by the applicant’s courseware, by providing a mapping of how and where each syllabus topic is covered in the course materials.   2. the mapping in (a) either by using the IAM provided mapping spreadsheet template attached below, or by providing their own method that provides an equivalent level of detail as the IAM’s template. | |
| 1. Training course materials   Please provide an electronic copy of the courseware. This is to include presentation slides and any trainer notes. Documentation is to be provided in PDF or Microsoft Office file formats. | |
| Is a copy of the courseware included with your application? | Yes / No |

# 4. Declarations

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| 1. Submitted material   We understand that the IAM does not undertake to return any material supplied as part of the application. | Yes / No |
| 1. Declaration by Applicant’s Responsible Individual   By signing this application form and paying the application fee, the applicant warrants that it complies with the requirements of the application, has provided the evidence specified and the evidence is true to the best of its knowledge and belief.  ***Note****: It is not necessary for a hand-written signature to be inserted in the box below. The IAM will deem receipt of this completed application from the email address of the Responsible Individual as equivalent.* | |
| **Name**: | |
| **Job Title**: | |
| **Date**: | |