



# Application for Endorsement as a Benchmarking Service Provider

## SECTION A

Company Name

Contact Name

(Title)

(Surname)

(Other Names)

Address

State

Postcode

Telephone

Facsimile

Website

Email

## SECTION B – Corporate Experience

Please provide information on the applicant's experience in:

### 1. Benchmarking

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### 2. Project Management

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**SECTION C – Key Personnel**

Please provide information on key personnel involved in delivering the networks.

1. Facilitators

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2. Administration and other support staff

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**SECTION D – Proposed Methodology**

Please provide information on the methodology used to deliver benchmarking network services.

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**SECTION E – Outcomes/benefits for network participants**

Please provide information on the outcomes and benefits network participants can expect from participation in your networks.

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## SECTION F – Quality

Please provide information on how you will monitor and control the quality of the benchmarking services delivered to network participants.

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## SECTION G – Pricing

Please provide information on the costs to participants should they register for your networks.

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## SECTION H – Related Services

1. Please provide information on other add-value services offered by the applicant.

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2. Please provide information on how the applicant might incorporate and/or deliver other AIPM services to network participants, e.g. provision of workshops for the AIPM's Project Managed Organisation (PMO) Award.

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**Application for Endorsement as a Benchmarking Service Provider (continued)**

**SECTION I – Marketing and Promotion**

Please provide information on how you plan to market and promote your networks.

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**SECTION J – Referees**

Please provide contact details of at least three Referees who can attest to the quality and professionalism of your networks.

Name	Telephone	Email
1.		
2.		
3.		

**Declaration**

The statements made in this application are true and correct.

Name

Position in company

Signature  Date

**Payment Details**

A non-refundable fee of \$1,100 is payable upon application, for the costs of an external assessor to review course documentation.

- Direct credit: NAB, Mosman. BSB: 082-299 Account # 68148-7298 (please include receipt with your application)
- Visacard       Mastercard       Bankcard       Diners       Amex

Cardholder's Name

Card Number  Expiry

Signature  Amount \$

Cheque made payable to the AIPM