**Established Level Accreditation Program**

**Application Form**

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| **HOW TO SUBMIT YOUR APPLICATION:** |
| All questions on this form are **compulsory**.  Any questions relating to the completion of this form can be directed to the ARMS Accreditation Program Administrator, Dana Watts, email [ARMSAccreditation@researchmanagement.org.au](mailto:ARMSAccreditation@researchmanagement.org.au?subject=ARMS%20ELAP%20enquiry).  Please review ARMS Established Level Accreditation [Program Prospectus](file:///C:\Users\watt0218\Dropbox\EXECUTIVE%20OFFICE_SHARED%20FOLDERS\ACCREDITATION\2.%20ESTABLISHED%20LEVEL\Final%20Documents\ARMS%20ESTABLISHED%20LEVEL%20ACCREDITATION%20PROGRAM%20-%202024.pdf) when completing this form.  Completed nomination forms must be filled in electronically and signed (an electronic signature is preferred) and converted into a PDF.  Please use email subject heading of:  ARMS\_ELAP [Last Name] [Institution/Organisation] when sending your completed nomination form and send to the ARMS Accreditation Program Administrator at [ARMSAccreditation@researchmanagement.org.au](mailto:ARMSAccreditation@researchmanagement.org.au?subject=ARMS%20ELAP%20Enquiry).  Once submitted, a sub-committee of the ARMS Accreditation Council will assess applications twice yearly. You will subsequently be advised if you qualify for the program and how many points have been approved for prior learning, based upon your application. You will then be asked to accept the offer within two (2) weeks of notification.  Your three (3) year period to complete the ELAP commences when you formally accept your offer.  **APPLICATIONS OPEN!** |

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| **SECTION 1: APPLICANT DETAILS** | | | |
| **Name: (Title/Given Name/Surname):** |  | | |
| **Current Institution/Organisation:** |  | | |
| **Email Address:** |  | | |
| **Preferred Contact Phone Number:** |  | | |
| **Postal Address:** |  | | |
| **Length of Time in Research Management:** |  | | |
| **Length of ARMS Membership:** |  | | |
| **ARM(F) Accredited and Year:** | No | Yes | Year: |
| **Current Position Title:** |  | | |

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| **Provide a Brief Description (1 Paragraph) of Your Current Role:** |
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| **SECTION 2: PREVIOUS POSITIONS HELD** | | |
| **Position Title** | **Organisation** | **Year Held** |
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| **SECTION 3: NOMINEES HIGHEST QUALIFICATION** | | |
| **Year Completed** | **Qualification Title** | **Organisation** |
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| **SECTION 4:** Participants in this program will be expected to have at least five years prior experience in research management or demonstrate an equivalent level of experience. The Established Level Accreditation Program is designed for those who have acquired knowledge relating to research management principles equivalent to at least the ARMS Foundation Level Accreditation Program. Please provide in no more than two A4 pages:   1. A brief description of your background in research management highlighting knowledge and experience gained; and 2. What you expect to gain upon completing this program. |
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| **SECTION 5: LEADERSHIP, MANAGEMENT AND STRATEGIC THINKING PROGRAM & ELECTIVES** – Only fill out this section if an upcoming Leadership Program or Electives have been scheduled and you require ARMS to hold a place in the workshop(s). Please note that a discount may be available to participants pre-paying for the Leadership, Management and Strategic Thinking Program as well as three (3) electives. The Electives may be selected at a later date. Contact the ARMS Accreditation Program Administrator, Dana Watts, for further information and conditions on [ARMSAccreditation@researchmanagement.org.au](mailto:ARMSAccreditation@researchmanagement.org.au). | |
| **Leadership, Management and Strategic Thinking Program Will you be participating in an upcoming workshop?** | **No or Yes and Date** |
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| **Elective Selection (only if applicable)** | **Dates Offered** |
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| Click or tap here to enter text. |  |
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| **SECTION 6: RECOGNITION OF PRIOR LEARNING:**   * Requests for recognition of prior learning will require approval from ARMS. * Approved participants may apply for a maximum of sixteen (16) points as recognition of prior learning (non-assessed programs) as nine (9) non-assessed points will be accrued as part of the compulsory group learning element. * Should a program or course be completed during the time a participant is undergoing the ELAP (maximum 3 years from initial registration into the program), an application can be made to ARMS via the completion of a proforma to approve the program or course. * ARMS will be the final arbitrator for approving points as recognition of prior learning and the number of points to be approved. A guide to the maximum number of points that may be approved is listed on the [ARMS website](https://www.researchmanagement.org.au/elap-points). * ELAP Accreditation programs commencing in 2023 and beyond, will only consider recognition of prior learning from programs completed within 12 months of application to the ELAP. * Participants applying for recognition of prior learning must submit with their application a certificate of completion for the program, or components of the program, which clearly state the date of completion and the name of the individual completing the program. A prospectus, detailed course outline, or equivalent, must be submitted, indicating the depth of knowledge covered in the course/program and the equivalent number of hours the program entails. * Participants are encouraged to consult the ARMS Website for a list of suggested programs which may be considered for prior learning (non-assessed) points. The list is not exclusive and suggests the maximum number of points which may be approved for prior learning. Please use the list as a guide only as additional learning opportunities may be considered. | | | |
| **Name of Program/Course** | **Year Completed** | **List Documents Provided** | **Number of Points Requested** |
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| **SECTION 8: APPROVAL -** Participants will be required to invest a significant amount of time towards the completion of this program being offered over a maximum of 3 years. There will be significant (minimum 70+) hours for content knowledge as well as additional hours for self-guided learning. To this end, it is important that the participant and their immediate supervisor be aware of the level of commitment required to complete the program. | |
| **Name of Applicant** | **Signature:** |
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| I have read the program guide and understand the commitments required by me to complete this program. | |
| **Name of Immediate Report** | Signature |
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| I support my employee in undertaking this program.  I am aware of the time commitments required by the participant to successfully complete this program and shall provide the necessary resources and time as required. | |