

Updating form for SPM Certified Project Manager (CPM)

Personal Particulars

Surname:	Given Name:	Date of Birth:
		NRIC/Passport No.:
Nationality:	Telephone No.:	Mobile No.:
Residence Address:		Personal Email:

Employment

Name of Present Employer:		Office Telephone:
Business Type: <input type="checkbox"/> Developer <input type="checkbox"/> Consultant <input type="checkbox"/> Builder <input type="checkbox"/> Institution <input type="checkbox"/> Contractor <input type="checkbox"/> Others: (please state):	Practice Type: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer (C&S) <input type="checkbox"/> Engineer (M&E) <input type="checkbox"/> Planner <input type="checkbox"/> Project Manager <input type="checkbox"/> Quantity Surveyor <input type="checkbox"/> Others: (please state):	
Business Email:		
Business Address:		Current Job Title:
		Date of Appointment:
Preferred Mailing Address: <input type="checkbox"/> Residence Address <input type="checkbox"/> Business Address		

Update of Academic Qualifications (if any)

Title of Qualification (if any)	Name of Awarding Institution	Year of Award	Duration of Program	Mode of Program
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Update of Professional Affiliations (if any)

Name of Professional Body	Type of Membership	Grade of Membership	Period of Affiliation

Project Factsheet

- Please list one project with construction value more than S\$5 million

Name of Project:			
Start date of your involvement:	End date of your involvement:	Total duration of involvement (In Months):	Completion Date:
Location of Project:	Gross Floor Area:	Contract Cost (S\$):	
Client's Name:			
Business Type: <input type="checkbox"/> Development <input type="checkbox"/> Consultancy <input type="checkbox"/> Construction <input type="checkbox"/> Institution <input type="checkbox"/> Others: (please state) _____			

Personal PM Involvement Matrix

Stages	Involvement?		Period of Involvement* (In Months)
	Yes	No	
Project Initiation (Land/Feasibility Study)	<input type="checkbox"/>	<input type="checkbox"/>	
Project Planning (Scope, Masterplan, Design Brief)	<input type="checkbox"/>	<input type="checkbox"/>	
Concept Design (More Feasibility Study)	<input type="checkbox"/>	<input type="checkbox"/>	
Design Development (Schematic, Detailed Design, Authority Clearances)	<input type="checkbox"/>	<input type="checkbox"/>	
Tender / Procurement (Procurement of Services, Tender Preparation)	<input type="checkbox"/>	<input type="checkbox"/>	
Construction (Contract Administration, Supervision, Control)	<input type="checkbox"/>	<input type="checkbox"/>	
Completion (Commissioning, TOP, Handover)	<input type="checkbox"/>	<input type="checkbox"/>	
Occupation & Operation (DLP, CSC)	<input type="checkbox"/>	<input type="checkbox"/>	
Project Closure (Lessons Learnt, Final Accounts)	<input type="checkbox"/>	<input type="checkbox"/>	
Total Involvement			

**Please state period of involvement if you are involved in only some stages of the project*

Declaration of Project Management Practice & Experience

In relation to the above-mentioned project, my practice experience in the projects submitted in this form covers the following core areas of Project Management Competencies:

General Skills

S/N	General Skills	Does your project cover the following areas?	
		Yes	No
1	Leadership	<input type="checkbox"/>	<input type="checkbox"/>
2	Teamwork	<input type="checkbox"/>	<input type="checkbox"/>
3	Communication	<input type="checkbox"/>	<input type="checkbox"/>
4	Decision Making	<input type="checkbox"/>	<input type="checkbox"/>
5	Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>
6	Resource Management	<input type="checkbox"/>	<input type="checkbox"/>
7	Sense Making	<input type="checkbox"/>	<input type="checkbox"/>
8	Transdisciplinary Thinking	<input type="checkbox"/>	<input type="checkbox"/>
9	Computational Thinking	<input type="checkbox"/>	<input type="checkbox"/>
10	Managing Diversity	<input type="checkbox"/>	<input type="checkbox"/>
11	Lifelong Learning	<input type="checkbox"/>	<input type="checkbox"/>
12	Digital Literacy	<input type="checkbox"/>	<input type="checkbox"/>
13	Creative Thinking	<input type="checkbox"/>	<input type="checkbox"/>
14	Developing People	<input type="checkbox"/>	<input type="checkbox"/>
15	Global Mindset	<input type="checkbox"/>	<input type="checkbox"/>
16	Service Orientation	<input type="checkbox"/>	<input type="checkbox"/>

Technical Skills and Competencies

S/N	Technical Skills and Competencies	Does your project cover the following areas?	
		Yes	No
1	Building Information Modelling Application	<input type="checkbox"/>	<input type="checkbox"/>
2	Construction Technology	<input type="checkbox"/>	<input type="checkbox"/>
3	Continuous Improvement Management	<input type="checkbox"/>	<input type="checkbox"/>
4	Contract Management	<input type="checkbox"/>	<input type="checkbox"/>
5	Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>
6	Data Collection and Analysis	<input type="checkbox"/>	<input type="checkbox"/>
7	Design for Maintainability	<input type="checkbox"/>	<input type="checkbox"/>
8	Design for Safety	<input type="checkbox"/>	<input type="checkbox"/>
9	Emergency Response Management	<input type="checkbox"/>	<input type="checkbox"/>
10	Green Building Strategy Implementation	<input type="checkbox"/>	<input type="checkbox"/>
11	Incident & Accident Investigation	<input type="checkbox"/>	<input type="checkbox"/>
12	Integrated Digital Delivery Application	<input type="checkbox"/>	<input type="checkbox"/>
13	Permit Management	<input type="checkbox"/>	<input type="checkbox"/>
14	Project Management	<input type="checkbox"/>	<input type="checkbox"/>
15	Project Risk Management	<input type="checkbox"/>	<input type="checkbox"/>
16	Quality System Management	<input type="checkbox"/>	<input type="checkbox"/>
17	Stakeholder Management	<input type="checkbox"/>	<input type="checkbox"/>
18	Technology Application	<input type="checkbox"/>	<input type="checkbox"/>
19	Value Engineering	<input type="checkbox"/>	<input type="checkbox"/>
20	Workplace Safety & Health Culture Development	<input type="checkbox"/>	<input type="checkbox"/>
21	Workplace Safety & Health Framework Development & Implementation	<input type="checkbox"/>	<input type="checkbox"/>

Consent & Declaration

By providing your personal particulars in the form, you are allowing SPM to use the data to communicate with you and for all SPM related activities.

I hereby certify that information furnished hereinabove and, in the Form are true and accurate to the best of my knowledge. There should be no false claim or misleading information.

Signature of Applicant:	Date:
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Instructions

Please submit the completed form and documents via either of the following:

Email Address

apm@spm.sg

Mailing Address

Society of Project Managers
Macpherson Road P.O. Box 1083
Singapore 913412

Enquiries

For enquiries, please contact at (65) 6748 8306 or email apm@spm.sg