



Certification Board

APPLICATION FOR
THE PROFESSIONAL IN VALUE MANAGEMENT (PVM) QUALIFICATION
UNDER THE SAVE INTERNATIONAL – EGB/V4E VALUE FOR EUROPE BOARD
COLLABORATIVE AGREEMENT
[CVS HOLDERS ONLY]

CONTROLLED DOCUMENT

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Document Control	
Title	CB 110 Application for the Professional in Value Management (PVM) Under the SAVE International – EGB/V4E Value for Europe Board Collaborative Agreement [CVS Holders Only]
Person Responsible	CB Chair
Date last updated	April 2025
Status	FINAL APPROVED Issued for Use
Version	13.3
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SAVE INTERNATIONAL – EGB/V4E BOARD Collaborative Agreement

Application form for holders of a CVS to become a PVM

SECTION 1 – Applicant's details

Title and Name:

Contact Address:

Phone:

Fax:

Cell phone:

E mail address:

CVS certificate number:

Date CVS awarded:

CVS Expiration date:

SECTION 2 – Endorsement and Advisor details

Name of Endorser:

Position of Endorser within SAVE International:

Contact e-mail of Endorser:

I support this application and confirm the validity of information supplied.

Signature of Endorser: Date:

Name of Advisor(optional):

Contact e-mail of Advisor:

SECTION 3 – Understanding the European Standard

I affirm that I have read the EN 12973:2020 Value Management Standard and understand how it differs from relevant SAVE International standards or recommended SAVE International practice.

SECTION 4 – Other Additional requirements

Please complete either part A or B

A: I have attended a VM Module 3 (VM3) course in Value Management, approved by the V4E Board, previously known as the EGB.

The course was run on _____ by _____

I have enclosed a copy of the course certificate

B: I have completed either 3 one-day seminars or classes in a relevant subject, or I have authored 3 papers in a refereed publication, or a combination of the two.

Seminars/Classes

1. **Title/description:** _____ Duration: 1-day

Instructor's name and qualifications:

Supplying organisation:

Awarding Organization:

Part of Degree Course

2 **Title/description:** _____ Duration: 1-day

Instructor's name and qualifications:

Supplying organisation:

Awarding Organization:

Part of Degree Course

3 **Title/description:** _____ Duration: 1-day

Instructor's name and qualifications:

Supplying organisation:

Awarding Organization:

Part of Degree Course

Papers or Book Chapters (One in each major area)

1. **Co-author(s):** _____ Date of Publication:

Title:

Journal/ Publisher:

2. **Co-author(s):** _____ Date of Publication:

Title:

Publication/Journal:

3. **Co-author(s):** _____ Date of Publication:

Title:

Publication/Journal:

I, hereby certify that the above information is true.

Applicant's signature: **Date:**

Once filled and signed, this form should be sent to:

The Secretary, the Institute of Value Management
Unit A, 82 James Carter Road, MILDENHALL, SUFFOLK, IP28 7DE, UK.

or electronically to: secretary@ivm.org.uk.
followed by mail forwarding of originals.

Supporting documents to be included:

Copy of CVS certificate.

- Copy of VM3 course attendance certificate, where appropriate.
- Letter of justification where appropriate for courses/seminars that do not meet specified requirements.
- Syllabus of courses attended.
- Copy of papers where appropriate.
- Short CV or resume (1 page).
- Registration fee of GBP£X (equivalent to €500.00)