



Application for Fellowship

APPLICANT NAME

PROPOSERS

Name of proposer one:

Must be a Fellow of the Landscape Institute (FLI)

Contact phone:

Email:

Member No:

How are you known to the applicant:

Signature:

Date:

Name of proposer two:

Must be either a Chartered (CMLI) member or Fellow (FLI) of the LI

Contact phone:

Email:

Member No:

How are you known to the applicant:

Signature:


Date:

PROPOSER STATEMENT

Under the terms of the LI Charter, in order for a member to be eligible for election to Fellowship, the applicant must 'have had practical experience of, and responsibility for important work in landscape'.

The Landscape Institute's Fellowship Admissions Board requires evidence that the applicant meets the following criteria:

1. Varied, substantial and outstanding quality professional experience and performance
2. Contribution to the profession as a whole, e.g. by inspiring the next generation of landscape professionals, through publications or public speaking, by contributing to technical guidance
3. Unquestioned personal qualities and integrity

Each proposer should reflect on the criteria above to provide a confidential statement to the LI about your personal knowledge of the applicant (max **two pages of A4**). Your supporting statement should clearly state the name of the applicant at the top. 

In your statement, please comment on how long and in what capacity you have known the applicant. *It would be particularly helpful to the Fellowship Admissions Board if you would bring out the applicant's personal qualities and achievements as fully as possible.*

Please forward your statement to membership@landscapeinstitute.org

THEN FORWARD THIS FORM TO THE APPLICANT TO COMPLETE

FELLOW APPLICATION

Full name:		Member No:
Title (Mr, Miss, Ms, Mrs, Mx, Dr, Prof):		Date of birth:
Home address:		Nationality:
City:	County/Country:	Postcode:
Contact phone:	Mobile:	Email:

LANDSCAPE AREAS OF PRACTICE

Which of the following LI 'Areas of Practice' best describes your interests and knowledge:

<input type="checkbox"/>	Landscape Planning	<input type="checkbox"/>	Landscape Management	<input type="checkbox"/>	Landscape Design
<input type="checkbox"/>	Urban Design	<input type="checkbox"/>	Landscape Science	<input type="checkbox"/>	Other (Please state):

PERSONAL STATEMENT ON CURRENT ROLE, PRACTICE AND ASPIRATIONS

Maximum 500 words

EMPLOYMENT HISTORY

Start with the most recent – include all relevant roles

Current employer:

Position/job title:

Start date:

End date:

Main areas of responsibility:

Please attach your **full CV**, detailing relevant professional experience



ACADEMIC QUALIFICATIONS

University/college/other institution:

Course:

Qualification:

Date awarded:

University/college/other institution:

Course:

Qualification:

Date awarded:

Please attach copies of **certificates** - include CERTIFIED TRANSLATIONS for any documents which are not in English



Awards, grants or prizes you have won:

Research you have undertaken, papers/publications published (give publication date):

Other achievements you would like to highlight:

OTHER MEMBERSHIP BODIES

Professional body:

Grade:

Date achieved:

Professional body:

Grade:

Date achieved:

SUPPORTING EVIDENCE

- Full CV** detailing relevant professional experience (max 4 pages of A4)
- Evidence of recent successful projects/initiatives** – design, management, scientific, research, leadership (A4 or A3, max 20 pages)
- Record of **recent Continuing Professional Development** (max 2 pages of A4)

Note - all supporting information should relate to direct input/involvement of the applicant, generic material such as office CV's or portfolios should be avoided.

DECLARATIONS

If your application is successful, the details provided in your application, including your name, contact details and qualifications will be recorded on the LI membership database. All information you provide will be used for processing your annual membership and supplying you with information about the LI and the landscape profession.

Signature of applicant:

Date:

Your name, membership category, member number, and date of joining the LI, will be published in 'Find a Member' on the LI website. Please sign below to agree to publish these details. Additional information may also be shown, with your permission, via the password controlled Members' Area.

Signature of applicant:

Date:

I, the undersigned, hereby apply for election as a Fellow of the Landscape Institute (FLI). I declare that the statement made by me in support of this application is a true account of my professional standing, experience, education, and achievements.

I further declare that I shall be bound by the LI Charter, LI By-Laws and the LI Code of Conduct and that if elected as a Fellow of the LI, I shall vigorously promote the LI and the landscape profession to the best of my ability.

Signature of applicant:

Date:

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

membership@landscapeinstitute.org

**LANDSCAPE INSTITUTE
107 GRAY'S INN ROAD
LONDON WC1X 8TZ**

DIVERSITY MONITORING

The LI is committed to ensuring that the landscape profession is accessible to all sections of the community. We monitor the profile of our membership to ensure that the LI is compliant with equality and diversity legislation and that we carry out our work in accordance with best practice.

Please help us by completing the section below. Your details will be stored on the LI's secure database and will remain confidential.

How would you describe your ethnic origin:

White	<input type="checkbox"/>	British	Mixed	<input type="checkbox"/>	White and Black Caribbean
	<input type="checkbox"/>	Irish		<input type="checkbox"/>	White and Black African
	<input type="checkbox"/>	Other		<input type="checkbox"/>	White and Asian
				<input type="checkbox"/>	Other
Black	<input type="checkbox"/>	Black British	Asian	<input type="checkbox"/>	Asian British
	<input type="checkbox"/>	Black Caribbean		<input type="checkbox"/>	Asian Indian
	<input type="checkbox"/>	Black African		<input type="checkbox"/>	Asian Bangladeshi
	<input type="checkbox"/>	Other		<input type="checkbox"/>	Asian Pakistani
				<input type="checkbox"/>	Asian Other
Other	<input type="checkbox"/>	Arab			
	<input type="checkbox"/>	Other Ethnic Group		<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	Prefer not to say		<input type="checkbox"/>	Other Asian Ethnic Group

Would you describe yourself as having a disability:

Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	
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Please note that the LI may, from time to time, make public reports on the overall profile of the membership. These reports will present data in aggregated form and will not be made available in any way which would enable you to be individually identified.