

# **Academic Fellow Membership**

Member FULL NAME

Member Number |

(Leave BLANK if un-known)

ACADEMIC FELLOW MEMBERSHIP APPLICATION					
	NOMINATOR INFOR	MATIO	N		
Full Name:					
Title (Mr, Miss, Ms, Mrs, Dr/Prof):			Date of Birth:		
Home/Work Phone: E-mail:			Member Number:		
NC	MINATED MEMBER IN	NFORM/	ATION		
Full Name of Chartered/Academic	Member you wish to nomina	ate:			
Title (Mr, Miss, Ms, Mrs, Dr/Prof):					
Home/Work Phone:	Mobile:		E-mail:		
Briefly explain why you feel the named Member should receive recognition as an Academic Fellow Member of the LI:  Please confirm if you are willing to act as a proposer for the nominated Member: (Yes/No)					
Please confirm if you are willing to act as a proposer for the nominated Member: (Yes/No)			vieniber: (res/ivo)		
Signature of nominator:		Date:			

#### **ACADEMIC FELLOW MEMBERSHIP APPLICATION**

### **Academic Fellow Membership**

A Member does not have to be nominated, and can apply directly to be considered for election as an Academic Fellow Member. If there is no nomination, please move onto the next page – Proposers.

Applications for Academic Fellow Membership is managed by the LI Fellowship Admissions Board. The Board is a panel made up of current Fellows and Academic Fellows. (You can submit an application at any time).

PROPOSERS					
Full Name of <b>Proposer one</b> :  Must be a Fellow (FLI) Member of th	e LI				
Home/Work Phone:	E-mail:		Member Number:		
In what connection are you known to the nominated Member:					
Signature of Proposer one:		Date:			
Full Name of <b>Proposer two</b> :  Must be either a Chartered (CMLI) or Fellow (FLI) Member of the LI					
Home/Work Phone:	E-mail:		Member Number:		
In what connection are you known to the nominated Member:					
Signature of Proposer two:		Date:			
PROPOSER STATEMENT					

#### **ACADEMIC FELLOW MEMBERSHIP APPLICATION**

Under the terms of the LI Charter in order for a member to be eligible for election to Academic Fellowship, the nominated Member must show that 'they have had responsibility for important work relevant to the field.'

The Landscape Institute's Fellowship Admissions Board requires evidence for the nominated Member meeting the following criteria:

- 1. Experience and performance in teaching or research, which should have been substantial and of outstanding quality;
- 2. Contribution to the Institute and/or to the understanding of the landscape, through advancing theory, philosophy, pedagogy or standards, external examinerships, participation in subject review or academic peer review; again, this should have been substantial.
- 3. Personal qualities and integrity, particularly qualities which are outstanding.

As a proposer, you are asked to provide a confidential statement to the LI with regards to your knowledge of their professional experience and personal integrity in relation to criteria 3 and at least one of criteria 1 and 2. This statement should be no more than **two pages of A4**.



It is therefore important that you know the nominated Member sufficiently well to be in a position to make a full and frank statement.

Within your statement, please comment on how long and in what capacity you have known the nominated Member and make a full and positive statement with regards to the criteria explained above. 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 THIS APPLICATION TO THE NOMINATED MEMBER TO COMPLETE THE APPLICATION FORM AND RETURN TO THE LL.

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ACADEMIC FELLOW MEMBER APPLICATION						
Full	Name:					
Title (Mr, Miss, Ms, Mrs, Dr/Prof):				Date of Birth:		
Current home address:						
City: County:			Pc	Postcode:		
Home/Work Phone:		Mobile:		E-mail:		
Tiome, work mone.		, mostier				
LANDSCAPE AREAS OF PRACTICE						
Which of the following LI Areas of Practice best describes your interests and knowledge:						
	Landscape Planning		Landscape Management		Landscape Design	
	Urban Design		Landscape Science		Other (Please state):	
ACADEMIC QUALIFICATION INFORMATION						

VAT No. 927 5720 07

ACADEMIC FELLOW N	MEMBERSHIP APPLICATION			
University/College or Other Institution:				
Full name of course:				
Full title of qualification/level of attainment: (BA, BS	c, DipLA)			
Date awarded:				
Please attach copies of certificates You must include CERTIFIED TRANSLATIONS for any	documents which are not in English.			
OTHER ACADEM	/IIC QUALIFICATIONS			
University/College or Other Institution:				
Full name of course:				
Full title of qualification/level of attainment:				
Date awarded:				
EMPLOYMEN	NT INFORMATION			
Current employer:				
Job Title:				
Start Date:	End Date:			
Please attach your most up-to-date CV (in English)				
YOUR QUALIFIED STATUS A	AS A LANDSCAPE PROFESIONAL			
Are you an EU National (Yes/No):				
What nationality do you currently hold:				
Provide details of any relevant awards, grants or prize	zes you have been awarded:			

ACADEMIC FELLOW MEMBERSHIP APPLICATION				
Provide details of any research your have undertaken, includ contributed to:	ing papers/publications you have produced or			
Please provide the following evidence required with this ap	plication:			
☐ Enclosed a CV detailing my relevant professional experier	nce.			
☐ Enclosed a portfolio of my most relevant professional world larger than <b>A3</b> and no more than <b>20</b> pages.	rk for the LI consideration, this should be no			
☐ Enclosed a statement concerning my CPD (Continuing Prothan <b>two pages of A4</b>	fessional Development), this should be no more			
☐ Enclosed a personal statement in support of my application more than <b>two pages of A4</b>	on for Academic Fellowing, this should be no			
OTHER MEMBERSHIP BODIES				
Please provide details of any other relevant proferssional or globally that you are a member of:  You may include any designations or decorations you hold he				
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 CRM 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 da	ate of joining the LI, will be published on the			

Member List 'Find a Member' on the LI website. Please sign that you agree to publish these details on the Members List. Additional information may also been shown, with your permission, via the password controlled Members' Area.

Signature of applicant: Date:				
I, the undersigned, being a Member, hereby apply for election as an Academic Fellow of the Landscape Institute. I declare that the statement made by me in support of this application are a true account of my professional standing, experience, education, and achievements.				
I further declare that I shall continue to be bound by the LI Charter, LI By-Laws and the LI Code of Conduct and that if elected as an Academic Fellow of the LI, I shall vigorously promote the LI to the best of my ability.				
Signature of applicant:	Date:			
I understand that the LI reserves the right to terminate my r subscription on time.	nembership if I fail to pay my membership			
I further understand that I may terminate my membership at any time by giving written notice to the LI; if I choose to resign I will be invoiced for any outstanding membership fees relating to that part of the subscription year during which I remained a Member.				
Signature of applicant:	Date:			
MEMBERSHIP SUBS	SCRIPTION			
The LI Membership year runs from the 1st June to 31st May.				
Direct Debit is the easiest way to pay and helps your money go further to support the work of the Landscape Institute.				
You can choose to pay by 1, 4 of 12 instalments. To set up a Direct Debit, please complete and return the <u>Direct Debit Mandate form</u> . Direct Debits are collected on, or around, the 10th of the month.				
LI MONITORING				
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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 catty out our work in accordance with best practice.

Please help us in this work 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 ethic origin:

White		British	Mixed		White and Black Caribbean	
		Irish			White and Black African	
		Other			White and Asian	
					Other	
Black		Black British	Asian		Asian British	
		Black Caribbean			Asian Indian	
		Black African			Asian Bangladeshi	
		Other			Asian Pakistani	
					Asian Other	
Other		Arab				
		Other Ethic Group			Chinese	
		Prefer not to say			Other Asian Ethic Group	
Would you describe yourself as having a disability:						
Yes			No			
Please note that the LI may, from time to time, 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.						