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| LPIOL Registration Form |

***Leader in the wider field of Outdoor Learning and champion of good practice and innovation.***

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| Candidate Name |  |
| Contact Address |  |
| Phone |  |
| Email |  |

|  |  |
| --- | --- |
| IOL Membership Number |  |

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| --- | --- |
| Self-Declaration | ✔ |
| Are you a current individual member of IOL? |  |
| Do you have more than 10 years experience providing outdoor learning? |  |
| Do you engage in regular and effective reflective practice? |  |
| Do you work with people who have different and perhaps complex agendas? |  |
| Have you contributed to **developing** good practice in and beyond your workplace? |  |
| Have you influenced or **shaped** outdoor learning at a regional or national level? |  |
| Have you **innovated** or extended knowledge and made it available to the sector? |  |
| Have you **reflected** on how personal, outdoor and societal values influence practice? |  |
| Are you willing to act as an ambassador for the Institute and for outdoor learning? |  |

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| Personal Statements |
| Please outline the CPD you have engaged in that supports and is relevant to your LPIOL application |
|  |
| Please outline what you would offer the sector as a Leading Practitioner of the Institute for Outdoor Learning |
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# Leadership Knowledge, Skills and Experience

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| --- | --- | --- |
| IOL Leadership Workshop Booking | *Dates* | *Location* |

# Or give examples that clearly evidence your prior experience

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| --- | --- | --- |
| How you have developed skills for leading, managing, influencing and decision-making |  | |
| How you have learnt from the experience and perspectives of other leaders in the sector |  | |
| Your process for reflection on how your core values and beliefs underpin your current work |  | |
| The forums beyond your workplace in which you debate the impact of what’s happening in the wider outdoor sector |  | |
| LPIOL Fees | |  |
| LPIOL Registration Review | | Free |
| LPIOL Application with approved prior experience | | £250 |

# LPIOL Application

In applying to be a LPIOL candidate you agree:

1. To pay the required LPIOL Accreditation fees
2. Your application will be assessed by the IOL Professional Standards Team
3. The information contained within your application will be shared with paid and voluntary IOL staff for the purpose of accreditation only
4. That you will be responsible for managing and completing your LPIOL application
5. To only use the LPIOL wording, logo, etc. in a way that conforms to IOL guidelines
6. IOL retains the right to withdraw accreditation at any time, including the reasons:

* Failure to comply with or uphold the accreditation criteria
* Failure to comply with the policies and procedures of IOL
* Misuse of any branding, wording or logos of the Institute for Outdoor Learning

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# E-mail your completed form to Dave Brooks at [dave@outdoor-learning.org](mailto:dave@outdoor-learning.org)

# *IOL Accreditation Process*

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| ***Action*** | ***Date Completed*** | ***Action*** |
| *Registration form received* |  |  |
| *Checked for completeness* |  |  |
| *Reviewed by IOL Professional Standards Team* |  |  |
| *Further actions required* |  |  |
| *Acceptance as LPIOL candidate* |  |  |