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**Academic Practice CPD Module Application Form**

Section 1: PERSONAL INFORMATION

**Please note, ALL of the below information ON PAGE ONE is required in order to admit you onto the module(s).**

|  |  |
| --- | --- |
| **Title** |  |
| **Surname** |  |
| **Forename(s)** |  |
| **Preferred Name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Country of Birth** |  |
| **Permanent Address (home address)** |  |

**Please include your PERSONAL (i.e. non-LJMU) EMAIL as a minimum:**

|  |  |
| --- | --- |
| **Home Telephone No.** |  |
| **Mobile Telephone No.** |  |
| **Personal Email** |  |

Section 2: LJMU INFORMATION

|  |  |
| --- | --- |
| **Faculty** |  |
| **School** |  |
| **Work Email** |  |

1. **What is your job title:**

|  |
| --- |
|  |

1. **Is your job role permanent?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Please note that priority for attendance on the programme is given to permanent members of LJMU staff.

Section 3: MODULE INFORMATION

1. **Please indicate which CPD module(s) you want to enrol on:**

|  |  |
| --- | --- |
|  | 7004ACADEM Evidence Based Practice in Higher Education\* |
|  | 7005ACADEM Academic Leadership |
|  | 7006ACADEM Pedagogic Research to Enhance Professional Practice\* |
|  | 7008ACADEM Principles and Practice in Digital Education |
|  | 7004MED Power, Critique and Transformation in HE |
|  | 7010ACADEM Academic Skills Development and Student Support **(available from 2025/26)** |
|  | 7011ACADEM Learning Analytics and AI in Higher Education **(available from 2025/26)** |

7006ACADEM, 7008ACADEM and 7004MED cannot be completed in the same year as all are taught on Wednesday mornings.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant** |  | **Date** |  |

This form should be returned to: [**r.m.boulter@ljmu.ac.uk**](mailto:r.m.boulter@ljmu.ac.uk)

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|  |  |

**Privacy Notice**

Please see the privacy notice for further information: <https://www.ljmu.ac.uk/legal/privacy-and-cookies/student-privacy-notice>

If you have any concerns about the collection of this data, please contact the Data Protection Officer via email at [secretariat@ljmu.ac.uk](mailto:secretariat@ljmu.ac.uk).

School/Departmental Approval: Enrolment on Academic Practice Programme

**Please return this authorisation with the completed application form**

|  |  |  |
| --- | --- | --- |
| This letter is to confirm that: (name of applicant) |  | |
| will be supported on  (please tick one): |  | CPD in Academic Practice (40 credits) |
|  |  | Postgraduate Certificate in Academic Practice (60 credits) |

It is confirmed that:

1. They will be able to attend the taught sessions for the duration of the chosen module(s).
2. Time will be made available for the applicant to fulfil the assessment requirements for the programme.

There is a fee remission for LJMU staff who undertake this programme.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Role: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School/Department: |  | | |
| Contact Address: |  | | |
| Tel: |  | | |
| Email: |  | | |
|  | | |  |