Feedback and Academic Integrity

for

Early Career Lecturers

Application Form Template

Draft purposes only
Please note: We will not accept direct submissions using this template. This template has been developed to help with the preparation of applications prior to submission. To submit an application you need to use the online application form

Section 1 - Applicant Details	
1. **First Name** Please enter your first name	
2. **Last Name** Please enter your last name	
3. **Email address** Please enter your email address	
4. **Home Department/Function** Please enter the name of your home department/function	

5. **Declaration of Participation in EAT-PD**
I hereby confirm that I have previously participated in the EAT-PD: Enabling Academic Transitions through Professional Development Programme.
   • Yes **(go to question 6)**
   • No **(go to section 2)**	

6. **EAT-PD Participation Year** Please specify the year you previously participated in the EAT-PD: Enabling Academic Transitions through Professional Development Programme.	

Section 2 - About You

7. Your Teaching Experience in Higher Education Approximately, how many years have you been teaching full-time in higher education? • > 0 but <= 1 years (go to question 9) • >1 but <= 2 years s (go to question 9) • >2 but <= 3 years s (go to question 9) • Other equivalent experience s (go to question 8)	
8. Equivalent Experience If other equivalent experience, please describe your experience to date *(max. 100 words)*	
9. Your Motivation for Participation In your own words, can you explain why you are interested in participating in this project? *(max. 100 words)*	

Section 3 - Head of Department/Function Details

We recommend that you discuss your application with your Head of Department/Function in advance of applying as you will be applying on behalf of a team to review a curriculum design in your department/function.

If the application is successful, we will contact your Head of Department/Function to confirm their approval of your participation.

10. Head of Department/Function Email Please enter the email address of your Head of Department/Function	
11. Head of Department/Unit Approval Have you the support of your Head of Department/Function for your involvement in this programme? • Yes • No	