**Application to join the Certified Member of the Association for Learning Technology (CMALT) applicants group 2017/18**

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| --- | --- |
| First name |  |
| Surname |  |
| Job title  |  |
| Department |  |
| Office Address  |  |
| Email |  |
| Phone Number |  |
| Name of your Line Manager |  |
| Email address of Line Manager |  |

The CMALT portfolio is based on the experience you have already developed over a period of time. Note that while we do offer relevant events - this is not a training program – it is a reflective review of your existing practice.

How many years of experience do you have of working with learning technology (please indicate if this is full time of part time)?

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Application statement: Please give a brief overview of: your background, skills and experience, including current or recent activities or roles (from the last three years) and explain why you plan to complete the CMALT accreditation. (400 words)

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Do you require your CMALT registration fee paid? Yes/No

Note: We welcome participation in the applicants group from staff who have already registered for CMALT but have not yet submitted.

From planning purposes, please tick your planned portfolio submission date:

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| --- | --- |
| 1 Feb 2018 |  |
| 1 June 2018 |  |

As far as you know, based on your current commitments, do you have time to complete your CMALT portfolio before the date selected above? Yes/No

**Information for line Managers:**

CMALT is a peer based accreditation scheme developed by ALT for people working in learning technology to demonstrate that they are taking a committed and serious approach to their professional development. You may want to consider how CMALT relates to your teams goals and to the Annual Development Review (ADR) process.

https://www.alt.ac.uk/certified-membership

By supporting the applicant’s participation in this scheme you agree that the applicant will (where possible) be able to attend the meetings and events and that time to complete the CMALT portfolio will be allocated in their work schedule.

Statement of support to be completed by your line manager:

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| --- |
|  |

Date:

Please email this completed form to Susan Greig, s.greig@ed.ac.uk, copying in your line manager.