**ALPINE**

**Accredited Learning, Professional development and Innovation in Education**

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## A1. ALPINE Registration for Professional Recognition

Please complete and submit this form to [Alpine@uhi.ac.uk](mailto:ALPINE@uhi.ac.uk) to register your interest in seeking professional recognition through ALPINE at UHI.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. About you** | | | |
| **Your name** | | |  |
| **E-mail address** | | |  |
| **Job title** | | |  |
| **Academic Partner or Institution (if external to UHI)** | | |  |
| **Gender** (stating this is entirely optional but will allow us to gauge gender representation in relation to participation in ALPINE) | | |  |
| **Intended recognition route** | | | |
| **Please indicate (x) the Recognition Route/category of HEA Fellowship you are registering for:** | | | |
|  | Route 1 | Associate Fellow HEA through Learning and Teaching in HE module | |
|  | Route 2 | Fellow HEA through Pg Cert Tertiary and Higher Education | |
|  | Route 2 | Fellow HEA through Digital Pedagogy | |
|  | Route 2 | Fellow HEA through Clinical Pedagogy | |
| **Confirmation** | | | |
| **Please record below the date that you began studying (or will begin studying) and the first module of your studies.** | | | |
| **Date:** | | | |
| **First Module** | | | |
|  | | | |
| **If you know the order in which you will be taking the remaining two modules please name the modules in order of which module you will take next.** | | | |
| **Second Module:** | | | |
| **Third Module:** | | | |
| **Please record any modules below that you have RPL (Record of prior learning)** | | | |
|  | | | |
|  | Agreement from your line manager to register for recognition through ALPINE | | |

If you have any queries before submitting this form, then

please e-mail the ALPINE co-ordinator at [Alpine@uhi.ac.uk](mailto:ALPINE@uhi.ac.uk)

Once your form is submitted we will aim to confirm next steps within two working weeks and provide you with a named ALPINE Mentor and access to the relevant forms and guidance in Mahara.