LEAP application – Cover sheet

Please complete and submit this application along with your LEAP application.

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| --- | --- |
| Staff/Student ID Number: |  |
| Full Name: |  |
| Faculty (if known): |  |
| School (if known): |  |
| Division (if known): |  |
| Fellowship Level applying for:  *Select as applicable* | Associate Fellow  Fellow  Senior Fellow  Principal Fellow |
| Application Route:  *Select as a applicable* | Oral Presentation (in person/via Zoom)  Oral Presentation (pre-recorded video/presentation)  Written Portfolio |
| What LEAP support have you accessed during your time on the programme?  *Select all that apply* | Online resources  Attended LEAP workshop/s  LEAP Mentor support  LEAP peer support group |

# Declaration of academic integrity

By submitting your LEAP application for assessment, you indicate that you have read and agree to the following statement of academic integrity:

By submitting my case for fellowship of the HEA I confirm that my application relates to my higher education professional practice and is my own work.

I understand that, if the professional integrity of any part of my submission is in question, it will not be accepted and that if the professional integrity of my submission is in question after the receipt of an award from Advance HE, they reserve the right to withdraw my award.

**I confirm that I have read and understood the declaration of academic integrity:**

Yes  No