**Faculty of Natural Sciences**

**LTDP Refresher Registration Form**

This form is to be completed at a meeting between the DUGS and/or DPS/ and or HoD (as appropriate) and the member of staff. A copy of this form will be forwarded to HR to be placed on the staff member’s file.

|  |  |
| --- | --- |
| **Name of staff member** |  |
| **Role** |  |
| **Department** |  |

|  |  |  |
| --- | --- | --- |
| **Please tick to confirm whether the member of staff is being referred onto the programme, or has requested to undertake it:** | **Referred by Department:** | **Requested:** |
|  |  |

The aspects of this programme that the above named is required to complete are as follows:

|  |  |  |
| --- | --- | --- |
| **Elements** | **REQUIRED: YES/NO** | **Details** |
| **EDU Workshops** (please specify in the details column which specific workshops should be completed) |  |  |
| **Teaching Observations** (please specify in the details column how many observations should be completed) |  |  |
| **FoNS LTDP Refresher Workshop**  |  |  |
| **One-to-One Coaching Sessions** (number of sessions to be determined between coach, staff member and DUGS/DPS/HoD) |  |  |
| **Performance Training Workshop** |  |  |
| **Reflective Report/ HEA Application** | Yes | Required for all participants |

|  |  |
| --- | --- |
| **Name of Teaching Mentor** |  |

**Agreed by Director of Undergraduate or Postgraduate Studies and Head of Department:**

|  |  |  |  |
| --- | --- | --- | --- |
| DUGS or DPS Name |  | HoD Name |  |
| Signature |  | Signature |  |
| Date |  | Date |  |

**Agreed by new staff member:**

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

This form must be returned to the FoNS LTDP Administrator at: *fonsltdp@imperial.ac.uk*