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| APIOL Registration Form |

***Facilitator of outdoor learning with a breadth of experience in challenging situations***

***The APIOL Award recognises the holistic skills and knowledge of professionals who deliver outdoor learning programmes.***Accredited Practitioners of Outdoor Learning display a personal passion and enthusiasm for outdoor learning and recognise the value of outdoor learning to individuals and society.

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| Candidate Name |  |
| Contact Address |  |
| Phone |  |
| Email |  |

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| IOL Membership Number |  |

# Summary of Knowledge, Skills and Experience

APIOL candidates can confidently answer yes and provide specific examples to the following questions. Be concise – one sentence is sufficient for most questions.

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| ***APIOL Benchmark*** | ***Specific examples of meeting the benchmark*** |
| 1. Do you have the knowledge, skills and experience equivalent to someone who has worked full time in outdoor learning for 3-5yrs? |  |
| 1. Give two examples where you had responsibility for client liaison, needs assessment and programme design | 1.  2. |
| 1. Give two examples where you have been responsible for the planning, delivery and evaluation of a programme | 1.  2. |
| 1. Give two examples where you had responsibility for the work of other staff as part of running a programme | 1.  2. |
| 1. Have you had responsibility for leading individuals or groups in a range of environments in the outdoors? |  |
| 1. Give three examples of the different types of groups or individuals you have worked with (age, needs, culture, etc.) | 1.  2.  3. |
| 1. Give three examples of the different types of programmes aims you have worked with | 1.  2.  3. |
| 1. Give three examples of the range of approaches and styles you use in facilitating outdoor learning | 1.  2.  3. |
| 1. Do you take an active interest in the development of outdoor learning within and outside your workplace? |  |
| 1. Give two examples of how you have contributed to the wider outdoor field, inside or outside your workplace? | 1.  2. |

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| Self-Declaration | ✔ |
| Are you a current individual member of IOL? |  |
| Do you have more than 3 years’ experience delivering outdoor learning programmes? |  |
| Do you engage in regular and effective reflective practice? |  |
| Are you willing to support the Institute and outdoor learning? |  |

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| Personal Statements |
| Please outline why you want to be an Accredited Practitioner of the Institute for Outdoor Learning |
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| Please outline what you would offer the sector as an Accredited Practitioner of the Institute for Outdoor Learning |
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| APIOL Fees |  |
| APIOL Registration Review | £50 |
| APIOL Application (paid once you are accepted as an APIOL candidate) | £400 |
| APIOL Application (paid by 10 instalments of monthly direct debit) | £40 |

# APIOL Application

In applying to be an APIOL candidate you agree:

1. To pay the required APIOL Accreditation fees
2. Your application will be assessed by the IOL Professional Standards Team
3. The information contained within your application will be shared with paid and voluntary IOL staff for the purpose of accreditation only
4. That you will be responsible for managing and completing your APIOL application
5. To only use the APIOL wording, logo, etc. in a way that conforms to IOL guidelines
6. IOL retains the right to withdraw accreditation at any time, including the reasons:

* Failure to comply with or uphold the accreditation criteria
* Failure to comply with the policies and procedures of IOL
* Misuse of any branding, wording or logos of the Institute for Outdoor Learning

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# E-mail your completed form to Dave Brooks at [dave@outdoor-learning.org](mailto:dave@outdoor-learning.org?subject=APIOL%20Registration%20Form) *IOL Accreditation Process*

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| ***Action*** | ***Date Completed*** | ***Action*** |
| *Registration form received* |  |  |
| *Checked for completeness* |  |  |
| *Reviewed by IOL Professional Standards Team* |  |  |
| *Further actions required* |  |  |
| *Acceptance as APIOL candidate* |  |  |