**EXTERNAL EXAMINER APPOINTMENTS**

**NOMINATION APPLICATION**

**(For new appointments)**

**SECTION A – CORE DATA FOR PROPOSED EXAMINER**

**THIS SECTION SHOULD BE COMPLETED BY THE NOMINEE**

**Eligibility to Work in the UK**

**You will be required to confirm your eligibility to work in the United Kingdom. It is essential that the relevant original documentation proving your right to work in the UK is provided to our university in person before your employment commences.**

**We will be in touch in the coming weeks to request that you present your documentation.**

Outlined below are the options for carrying out the required check:

Option 1

Presenting documentation in person - you may present your documentation in person to a UEL member of staff, or at the Quality Assurance & Enhancement (QAE) office, by appointment.

Option 2

Submitting documentation and verifying via video conference call - where it is not possible for you to present your documentation in person, you should send your document(s) (via Royal Mail Special Delivery Guaranteed by 1pm) to the Quality Assurance & Enhancement office to be verified. You should notify the QAE office of your wish to submit your documentation, so this can be tracked appropriately, and a video conference call arranged with you to verify the documentation.  The documentation will then be returned to you via Royal Mail Special Delivery Guaranteed by 1pm.

*Alternative arrangements are in place during the current Covid19 health emergency – the QAE office will be in touch.*

**A1 Name of nominee**

|  |  |
| --- | --- |
| **Family name** |  |
| **Forename(s)** |  |
| **Title** |  |

# A2 Address for correspondence

|  |  |
| --- | --- |
| **Address for correspondence** |  |
| **Daytime telephone number** |  |
| **Email address** |  |

# A3 Present position. *Please indicate if you are retired and give your last position, with date.*

|  |  |
| --- | --- |
| **Present position** |  |
| **Present place of work** |  |
| **Date of appointment** |  |

**A4 Practitioner – *Please indicate by placing a cross in the applicable box below.***

***If you are both an academic and practitioner - please provide details.***

|  |  |  |
| --- | --- | --- |
| **Are you a practitioner?** | **YES** | **NO** |
| **Please give details** |  |

# A5 Other current external examiner appointments

#  Please indicate below if you are currently an external examiner.

# *An examiner should not hold more than two concurrent examining engagements, this includes the proposed UEL external examiner position.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Programme title** | **Level** | **Start date** | **End date** |
|  |  |  |  |  |

#### A6 Please state your higher education qualifications.

|  |  |  |
| --- | --- | --- |
| **Institution attended** | **Qualifications gained (with title)** | Dates |
|  |  |  |

**A7 Please state your professional qualifications.**

|  |  |  |
| --- | --- | --- |
| **Professional body** | **Qualifications/status of membership** | Dates |
|  |  |  |

**A8 Please provide your employment history (not including present position).**

|  |  |  |
| --- | --- | --- |
| **Employer** | **Post(s)** | Dates |
|  |  |  |

**A9 Please state your experience as an external examiner over the last five years (excluding current appointments).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Programme title** | **Level** | **Start date** | **End date** |
|  |  |  |  |  |

**A10 Please state any other relevant experience you have as an internal examiner/ academic/manager, or in other capacity over last five years.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Programme title** | **Level** | **Start date** | **End date** |
|  |  |  |  |  |

**A11 Teaching experience – please give a brief account of your main areas of teaching responsibility (if any) over the last five years.**

|  |
| --- |
|  |

**A12 Other relevant experience - please give a brief account with particular reference to the last five years (e.g. research/ related scholarly activity/professional activity/consultancy).**

|  |
| --- |
|  |

**A13** **Publications - please list major publications (books, articles in refereed academic or professional journals), with dates.**

|  |  |
| --- | --- |
| Major publications | **Dates** |
|  |  |

A14 Do you have any current/previous association with UEL at ANY level (institution/programme /module/individual/staff/students) with dates state 'none' if there has been no association.

|  |  |
| --- | --- |
| Association | **Dates** |
|  |  |

A15 I agree that the information provided on this form will be used for purpose of the nomination process at UEL in line with the Data Protection Act 2018.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

***Thank you for completing your section of the nomination form, please return the nomination form back to the UEL staff member who sent you the form. The school will now complete the following section of the form.***

SECTION B

**THIS SECTION SHOULD BE COMPLETED BY THE SCHOOL**

|  |  |
| --- | --- |
| **Appointment of Examiner** |  |
| **Lead Examiner****(please state which School Award Board the nominee will be appointed to)** |  |
| **Department Examiner****(please state the department the nominee will be appointed to)** |  |

**Appointment of Course**

**(To be completed for Collaborative Programmes only.)**

|  |  |
| --- | --- |
| **Title of Course** |  |
| **Collaborative Partner** |  |

B1 Any current/previous association of UEL department team with nominated external examiner’s institution at ANY level (institution/programme/module/individual staff/students) with dates (state 'none' if there has been no association)

|  |  |
| --- | --- |
| Association | **Dates** |
|  |  |

B2 Proposed period of tenure (External examiners should normally be associated with four outputs including resits and the period of tenure usually starts in October and finishes the following September)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start date | Month |  | Year |  |
| **End date** | Month  |  | Year  |  |

B3 Proposed Areas of Responsibility

|  |  |
| --- | --- |
| **Modules for which the examiner will have particular responsibility** **(note: maximum of 15 modules may be specified)*****(Please complete below the information regarding modules to be examined; if it is useful for your school, please include the module credit.)*** | **Average No of students** |
|

|  |  |  |
| --- | --- | --- |
| **Module Code** | **Module Title** | **Occurrence Code**  |
|  |  |  |

 |  |

B4 Examiner to be replaced – new examiners should take up their appointment on or before the retirement of their predecessors.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Place of work** |  |
| Start date | **Month** |  | **Year** |  |
| **End date** | **Month** |  | **Year** |  |

B5 Support for new external examiners - support must be provided for all external examiners including those with prior experience, please give details of arrangements in place to support new examiners; *in addition, the school must name a mentor for those nominees that do not have previous external examining experience. (The mentor should be an external examiner from the existing team of examiners for the department, who has worked to UEL for at least one year.)*

 The course team should aim to carry out the school-based induction as soon as is practical following the examiner’s appointment.

|  |
| --- |
|  |

B6 Additional information in support of nomination - give details of any additional information that supports the nomination; for programmes delivered and assessed in a language other than English, fluency in the relevant language should be confirmed.

|  |
| --- |
|  |

B7 External examiner team. Give details of other proposed/approved external examiners using a supplementary sheet if necessary. Examiners not yet approved should be clearly marked by an asterisk. (*This section will be completed by the Quality Assurance Officer)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Place of work** | **Area of responsibility** | **Date of appointment** |
|  |  |  |  |

B8 Name of person who may be contacted to discuss nomination (this should be the name of the staff member submitting this nomination).

|  |  |
| --- | --- |
| **Name** |  |
| **Extension** |  | **Email** |  |

**External examiner appointments must be vetted by the school quality committee and then approved on behalf of Academic Board by the Education & Experience Committee.**

**Please submit your completed form to your Quality Assurance Officer.**

|  |  |  |
| --- | --- | --- |
|  | QAE Officer |  |
| ACE | Andrew Booker  | a.booker@uel.ac.uk |
| ACI | Daniel MacDonald | d.a.macdonald@uel.ac.uk |
| B&L | Roberta Garrett | r.garrett@uel.ac.uk |
| EDUCOM | Nazifa Islam | n.islam@uel.ac.uk |
| HSB | Deirdre Larkin | d.larkin@uel.ac.uk |
| Psychology | Phoebe Horswell-Lilley | p.horswell-lilley@uel.ac.uk |

**If you have any queries about how to complete this form, please contact the External Examiners Administrator in the Quality Assurance & Enhancement Office (ext. 2011).**

**THIS FORM MUST BE COMPLETED ELECTRONICALLY - YOU CAN DOWNLOAD A COPY OF THE FORM FROM THE FOLLOWING WEBSITE:**

[External Examiner System | University of East London (uel.ac.uk)](https://www.uel.ac.uk/about/governance/external-examiner-system)

SECTION C – ADMINISTRATIVE INFORMATION

**THIS SECTION SHOULD BE COMPLETED BY THE SCHOOL QUALITY COMMITTEE**

C1 Fee (*to be completed by the Quality Assurance Officer)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed annual fee** |  | Project code |  |

C2 Signature supporting nomination (Course Leader/Head of Department)

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

C3 Signature of budget holder indicating approval of proposed fee (Dean of School)

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

C4 Signature indicating approval (School Leader for QA)

*This section should only be signed after school vetting*

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

|  |  |
| --- | --- |
| Please state the date that the nomination was considered by school quality committee. *If approved via Chair’s Action (CA) please give the date of the meeting that will note the CA taken.* |  |

C5 Approval on behalf of Academic Board

*This section should only be signed after approval by the External Examiners Peer Review Team*

|  |  |
| --- | --- |
| **Chair of External Examiners Audit Team** | PHILIP BRIMSON |
| **Signature** |  | Date |  |