

**External Examiner Nomination Form**

***The form should be completed (electronically) by the Course Leader and signed by the nominated external examiner.***

The form should be authorised by the Head of School together with a copy of the proposed External Examiner’s CV (in Word or pdf format). **Following Head of School authorisation, the form and CV should be sent electronically** to Margaret Chaffey, m.chaffey@worc.ac.uk, Academic Quality Unit (AQU), for formal approval by the Academic Standards and Quality Enhancement Committee (ASQEC). Once approved, written confirmation of the appointment will be circulated by AQU.

The personal information entered into this form will be used by the University of Worcester only for the purposes stated below:

* To enable the Academic Standards and Quality Enhancement Committee (ASQEC) to make a decision as to whether to appoint
* To set up staff payroll and IT accounts
* Please note the name and institution will be shared with students via their course handbook
* All personal data will be processed in compliance with current UK data protection legislation. To find out more about how the University is using your data and your rights, please read [the University's Staff Privacy Notice.](https://www2.worc.ac.uk/informationassurance/staff-privacy-notice.html)

**Please complete ALL sections**: if a section is not applicable please insert “N/A”.

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| **University of Worcester School completing this form:** |  |
| **Course Leader / School Contact completing this form:** |  |
| **Date of completion:** |  |

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| **Part A: Nominee’s details:** *(to be completed by nominating school)* |
| **First name(s)** |  |
| **Family name** |  |
| **Title** |  |
| **Title of current post** |  |
| **Current employing institution** |  |
| **Address for correspondence** |  |
| **Telephone number** | Home:Work: |
| **Email address** *(the University will use this as the main method of contact)* |  |
| ***Please note the name and institution will be shared with students via their course handbook.***  |
| **Signature of proposed External Examiner***(or attach email or electronic signature)* |  |

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| **Part B: Nominee’s professional background:** *(to be completed by nominating school)* |
| **Rationale for selection of nominee** |  |
| **Experience in Higher Education** |  |
| **Previous and current External Examining experience***(with dates and institutions over the last five years)* |  |
| **Any involvement or relationship with University of Worcester and / or partner institution** |  |
| **Reciprocal arrangement***(To ensure that reciprocal arrangements are avoided, please confirm whether or not there have been any subject-related links between the two institutions and/or with key members of the course team within the last 3 years)* |  |
| **Mentoring requirements***(Please see the* [*UW Mentoring Policy*](https://www2.worc.ac.uk/aqu/documents/UW_Mentoring_Policy_for_Mentors.pdf) *for new External Examiners for guidance).*Please include name of proposed mentor. |  |

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| **Part C: The programme details:***(to be completed by nominating school)* |
| University of Worcester School |  |
| Level and full title of programme(s) as in the approved programme specification(s) |  |
| Details of current external examining team in the subject area for programmes at this levelPlease indicate which of the team is the outgoing external examiner by ticking the relevant box | Examiner: Click here to enter text. [ ] Institution: Click here to enter text.End of appointment: Click here to enter a date.Examiner: Click here to enter text. [ ] Institution: Click here to enter text.End of appointment: Click here to enter a date.Examiner: Click here to enter text. [ ] Institution: Click here to enter text.End of appointment: Click here to enter a date.Examiner: Click here to enter text. [ ] Institution: Click here to enter text.End of appointment: Click here to enter a date. |

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| **Programme delivery details**Please select the delivery mode(s) for the programme(s) to be covered by the nominee: |
| Campus based | Yes [ ]  No [ ]  |
| Campus | St Johns [ ]  | Severn [ ]  | City [ ]  |
| University of Worcester International Study Centre (UWIC) | Yes [ ]  No [ ]   |
| Collaborative partner | Yes [ ]  No [ ]   |
| *Name of Collaborative partner* |  |
| Distance learning | Yes [ ]  No [ ]   |
| Blended learning (e.g. block delivery and online) | Yes [ ]  No [ ]   |
| Off-site delivery | Yes [ ]  No [ ]   |
| Number of modules the nominee will externally examine (across all programmes) |  |
| Total number of students the nominee will externally examine (across all programmes, based on current provision) |  |

**Prior to completion of the form please find below eligibility and suitability criteria under which a new External Examiner may be proposed:**

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| **Eligibility of the proposed examiner** |
| Individuals in the following categories or circumstances will **not** normally be appointed as external examiners:* a member of staff, governor or near relative of members of staff in relation to the course;
* the examiner on a cognate course in the University or one of its partners.
* anyone closely associated with the sponsorship of students on the course;
* anyone closely associated with placements or training;
* anyone required to assess colleagues who are recruited as students to the programme of study;
* anyone in a position to influence significantly the future of students on the programme of study;
* anyone involved in recent or current substantive collaborative research activities with a member of staff;
* an External Adviser(s) (EA1) who advises the Course Team in developing the course through meeting(s) and/or comment on draft course documentation;
* there is no more than one examiner from the same institution in the team of external examiners;
* there is no reciprocal external examining between courses or Schools in the two institutions;
* this is not a replacement of an external examiner by an individual from the same institution or an external examiner from an institution, which has been a source of external examiners in the recent past (typically at least three years).
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| **Suitability of the proposed examiner** |
| The criteria against which nominations for new external examiners are considered are as follows:* knowledge and understanding of UK Higher Education sector agreed reference points for the maintenance of academic standards and assurance and enhancement of quality;
* competence and experience in the field covered by the programme of study, or parts thereof;
* relevant academic and/or professional qualifications to at least the level of the qualification being externally examined, and/or extensive practitioner experience where appropriate;
* competence and experience relating to designing and operating a variety of assessment tasks appropriate to the subject and operating assessment procedures;
* familiarity with the standard to be expected of students to achieve the award that is to be assessed;
* meeting applicable criteria set by professional, statutory or regulatory bodies;
* awareness of current developments in the design and delivery of relevant curricula;
* competence and experience relating to the enhancement of the student learning experience.
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| **Eligibility and suitability: school confirmation** |
| Does the nominee match any of the above eligibility exclusion categories? | Yes [ ]  No [ ] Any comments:  |
| Does the nominee meet the suitability criteria? | Yes [ ]  No [ ]  |
| Authorisation by UW Head of School or nominee | Signature of Head of School(or attach email or electronic signature) |

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| **Part D: Academic Quality Office use only:For completion by AQU Officer and ASQEC committee member** |
| **Date Nomination received** |  |
| **Any duplication of links at both institutional and School level as confirmed by the Academic Quality Unit**AQU to identify from their records any instances where nominations are made from the same institution and for the same UW School. | Approved / Not ApprovedDate:  |
| **Approved by Committee Member on behalf of ASQEC** Any comments or clarification required? | Approved / Not ApprovedBy: (*initials)*Date:  |
| **Approved by Chair of ASQEC, Director of Quality and Educational Development** Any comments or clarification required?If mentor required, to be noted for ASQEC. | Approved / Not ApprovedDate:  |
| **Approved by Vice Chair of ASQEC,** **Academic Registrar** |  |