**EXTERNAL EXAMINER, INDEPENDENT END POINT ASSESSOR, EXTERNAL ASSESSOR NOMINATION FOR APPRENTICESHIPS**

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| **PERSONAL INFORMATION** |
| **First Name:**  | **Title: Choose an item.** |
| **Surname:** |
| **NI Number:** |
| **Email:** |
|  |
| **Home address:** |
| **APPOINTMENT DETAILS –** Please indicate the roles you are nominating to |
| **External Examiner** [ ]  **Independent End Point Assessor** [ ]  **External Assessor** [ ]  |
| **New Appointment** [ ]  **Additional Duties \*** [ ]  **5th Year Extension \*\*** [ ]  |
| **\* If this appointment is a replacement, please provide the name of the examiner being replaced below:** |
| **\*\* If this is a 5th year extension, please provide justification below:** |
| **Appointment Start Date:**  | Click or tap to enter a date. | **Appointment End Date:**  | Click or tap to enter a date. |
| **Faculty** | Choose an item. |
| **School** |  |
| **PAYMENT DETAILS** |
| **No of Apprentices:**  |  |
| **Payment: External Examiner - £****Independent End Point Assessor - £****External Assessor - £****(To be completed by UoH)** | **TOTAL PAYMENT £****(To be completed by UoH)** |
| **PROGRAMME/MODULE INFORMATION** |
| **Programmes / Courses/:**Please include programme name and POS code**Apprenticeship Standard: (Please indicate if the apprenticeship is Integrated, Fully-integrated, non- integrated)****Modules:**Please include module code, module name and level of delivery 4, 5, 6 or 7 |
| **APPROVAL (UoH)** |
| **I confirm that the above person:*** **Satisfies the criteria for appointment within the Code of Practice External Examiner.**
* **Satisfies the criteria for appointment within the End Point Assessment Policy. Please note:**

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| **Fully-Integrated Apprenticeships** | **A single individual may be appointed to the roles of External Examiner, Independent End Point Assessor and the External Assessor**  |
| **Integrated Apprenticeships** | **A single individual may be appointed to the External Examiner and External Assessor roles however, the Independent End Point Assessor must be a separate appointment.** |

* **Demonstrates sufficient evidence of their ability to carry out the role.**
* **Does not pose a potential conflict of interest.**

**Note: for the purposes of avoiding reciprocal relationships when considering external examiner/independent end point assessor appointments, the nominating School’s provision is deemed to encompass the entirety of its provision (on campus and all categories of collaborative provision).****I wish to nominate the above person in accordance with the roles specified.** |
| **Signed (Head of Academic Unit/School)** | **Date** |
|  |  |
| **Check completed by Faculty Quality Team** | **Date** |
|[ ]   |
| **For Office Use only – Job Title** |
| [ ]  External Examiner Apprenticeship (fully integrated Apprenticeship only)[ ]  External Examiner/Assessor (integrated Apprenticeship only)[ ]  External Examiner | [ ]  End point Assessor [ ]  External Assessor |