**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:**      |  |  | | --- | --- | | **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 | | |