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| **EXTERNAL EXAMINER PERSONAL INFORMATION** | | |
| **Surname:** | **First Name:** | **Title:** Choose an item. |
| **NI Number:** | | |
| **Phone:** | **Email:** | |
|  | | |
| **Institution:** | | |

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| **APPOINTMENT DETAILS –** Please tick as relevant | | | |
| **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. | |
| **Subject Group** | |  | |
| **Collaborative Partner (if applicable)** | |  | |

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| **PAYMENT DETAILS** | | |
| **No of Undergraduate modules:** | | **No of Postgraduate modules:** |
| **Payment: £**  **(To be completed by UoH)** | | **TOTAL PAYMENT £**  **(To be completed by UoH)** |
|  | | |
| **PROGRAMME/MODULE INFORMATION** | | |
| **Programmes / Courses:**  Please include programme name and POS code  **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.** * **Demonstrates sufficient evidence of their ability to carry out the role.** * **Does not pose a potential conflict of interest.**   **For programmes taught at Partner Institutions, I confirm that this nomination is made with the knowledge and agreement of the appropriate staff at that institution.**  **Note: for the purposes of avoiding reciprocal relationships when considering external examiner 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 as an external examiner in my academic unit.** | | |
| **Signed (Head of Academic Unit/School)** | **Date** | |
|  |  | |
|  |  | |
| **Check completed by Faculty Quality Team** | **Date** | |
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