EXTERNAL EXAMINER APPOINTMENTS NOMINATION APPLICATION (For new appointments)



Pioneering Futures Since 1898

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 documentation proving your right to work in the UK is provided to our university before your employment commences.

You will be asked to provide this documentation as part of the nomination process and contractual agreement with UEL.

There are various options available to complete the check depending on your documentation and circumstances. The QAE office will be in touch to guide you through this process.

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								
		by placing a cross in the ap and practitioner - please pro		N.				
Are you a practitioner?	YI	ES	NO	NO				
Please give details								
An examiner should	w if you a not hold	ner appointments are currently an external exa more than two concurrent e axternal examiner position.		nents, this	<u> </u>			
Institution	Pro	ogramme title	Level	Start date	End date			
A6 Please state your hiç	gher educ	cation qualifications.						
Institution attended		Qualifications gained (wit	th title)	Dates				
A7 Please state your professional qualifications.								
Professional body		Qualifications/status of m	Dates					
A8 Please provide your	employm	nent history (not including p	resent position).					
Employer		Post(s) Dates						

A9 Please state your experience as an external examiner over the last five years (exclude current appointments).						
Ins	stitution	Programme title	Level	Start date	End date	
A10		elevant experience you have as an in n other capacity over last five years.	ternal examine	er/		
Ins	stitution	Programme title	Level	Start date	End date	
A11	Teaching experience – presponsibility (if any) ov	elease give a brief account of your mader the last five years.	ain areas of tea	aching		
A12		ce - please give a brief account with բ / related scholarly activity/professior			e last	
A13	Publications - please lis professional journals), v	t major publications (books, articles vith dates.	in refereed aca	ademic or		
Ма	ajor publications		Dates			

A1	4	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.

As	sociation	Dates
A15	I agree that the information provided on this form will be us process at UEL in line with the Data Protection Act 2018.	ed for purpose of the nomination
	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
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)

Dates

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) **B2**

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.)						
Module Code		Module Title	Occurrence C	ode		
Name Position						
Place of work						
Start date	Month		Year			
End date	Month		Year			
including examiner previous the exist year.)	those with pri s; in addition external exa ing team of e	rnal examiners - supportion experience, please gire, the school must name amining experience. (The examiners for the departed	ve details of arrangem e a mentor for those ne mentor should be	ents in place to s nominees that o an external exa	support new do not have miner from	

su	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.							
su	pplemen	tary sheet if	neces	sary. Exa	aminers not ye	t appi	approved external exam roved should be clearly r v Assurance Officer)	
Name			Plac	ce of wor	e of work Area of responsibility			Date of appointment
		erson who nember sub				s non	nination (this should be	e the name of
Name								
Extens	ion				Email			
approve	d on be ubmit y	half of Aca	ademi	c Board	by the Exte	rnal E	school quality commi Examiners Sub-Comr urance Officer.	
ACE		ew Booker		a.booker	@uel.ac.uk			
ACI		el MacDonald	l	d.a.macc	donald@uel.ac.	<u>uk</u>		
B&L	Robei	rta Garrett		r.garrett	<u>@uel.ac.uk</u>			
EDUCOM	-	a Islam			<u>Quel.ac.uk</u>			
HSB		re Larkin			<u>@uel.ac.uk</u>			
Psycholog	gy Phoel	be Horswell-	Lilley	p.horswe	ell-lilley@uel.ac	<u>.uk</u>		

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

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)

SECTION C - ADMINISTRATIVE INFORMATION THIS SECTION SHOULD BE COMPLETED BY THE SCHOOL QUALITY COMMITTEE

C1	Fee (to be	to be completed by the Quality Assurance Officer)							
Proposed annual fee		Project code							
C2	Signature s	supporting	non	nination (Course Le	eader/Head	of Department)		
Na	me								
Sig	gnature			Date					
СЗ	Signature (of budget h	olde	er indicating approv	val of propo	osed fee (Dean	of School)		
Na	me								
Sig	gnature					Date			
C4	•	_		oval (School Leade signed after school	•				
Na	me								
Sig	gnature					Date			
qua	ality commit	tee. <i>If appro</i>	oved	nomination was co I via Chair's Action ote the CA taken.					
C5				ademic Board signed after approve	al by the Ex	ternal Examiner	s Sub-Committee		
_	air of Extern aminers Sub		е	PHILIP BRIMSON	l .				
Sig	Signature					Date			