**MODULE EXTERNAL EXAMINER NOMINATION FORM**

**Proposed Module External Examiner – Summary details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | |
| Current job title: |  | | | | | | | |
| Current affiliation: |  | | | | | | | |
| Faculty/School/Department: |  | | | | | | | |
| Proposed Period of Tenure (normally 1 September start and 31 August end): | **From:** | *DD* | *MMM* | *YYYY* | **To:** | *DD* | *MM* | *YYYY* |

**SECTION A: Modules and Programme of Study**

1. List of modules (not including Level 7 dissertation/project modules worth 60 credits or more) for which the proposed external examiner will be responsible.

**NOTE:** For new collaborative partners, there is a requirement to appoint an external examiner immediately, and Level 4 work will be considered for the first two delivery cycles of a Bachelor’s degree. This will be extended to new programmes at existing partners where any risks have been identified e.g. where a new discipline is to be delivered. All such requests should be discussed with the Collaborative Partnerships Office prior to completing the GA2 form and subsequent GA15.

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| --- | --- | --- | --- | --- | --- |
| Module code and name | Credit | Level | Module code and name | Credit | Level |
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1. Is the examiner to be responsible for Level 7 dissertation/project modules (Part II)? **YES / NO**

If so, please provide details.

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| --- | --- | --- | --- |
| Module code and name | Credit | Module code and name | Credit |
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1. Full title of any programme(s) (including HN Awards) to which modules contribute and named staff contact for each.

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| Programme(s) | Delivered by Partner?  If **YES**, please identify\* | Apprenticeship programme **YES / NO** | Named staff Contact &  Academic Discipline |
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\* List every programme for each partner as the External will be required to provide a separate report for each one

1. Details of present external examiner being replaced.

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| --- | --- |
| Name: |  |
| Current job title: |  |
| Current affiliation: |  |
| Faculty/School/Department: |  |

**SECTION B: Proposed Module External Examiner – Full Details** (full academic CV must be supplied)

**Name** (with full title)

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**Current job title**

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**Current place of work**

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**Full work address** (including details of Faculty/School/Department)

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| --- | --- | --- | --- |
|  | | | |
| Telephone: |  | Mobile: |  |
| Email: |  |

**Full home address**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Telephone: |  | Mobile: |  |
| Email: |  |

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| **Preferred correspondence address** | | | | **Preferred language of communication** | | | |
| WORK |  | HOME |  | WELSH |  | ENGLISH |  |

**Relevant academic and professional qualifications**

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**Employment history in date order** (most recent first):

|  |  |  |
| --- | --- | --- |
| ***From - To*** | ***Employer*** | ***Position*** |
| MM/YY – MM/YY |  |  |
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If the proposed module external examiner comes from outside the University system, please give a short summary of the professional experience that makes the proposed examiner suitable for this position

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If the proposed module external examiner comes from outside the UK HE system, please detail to what extent the proposed external examiner is familiar with the UK HE system

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**Internal examiner experience in date order** (most recent first)

|  |  |  |
| --- | --- | --- |
| ***From - To*** | ***Programme and Level*** | ***Key duties*** |
| MM/YY – MM/YY |  |  |
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**CURRENT external examiner appointments**

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| --- | --- | --- |
| ***From - To*** | ***Institution*** | ***Programme and Level*** |
| YY – YY |  |  |
|  |  |  |
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**Other external examiner appointments held over the last FIVE YEARS**

|  |  |  |
| --- | --- | --- |
| ***From - To*** | ***Institution*** | ***Programme and Level*** |
| YY – YY |  |  |
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**Please detail any association with the University (or partner of the University) during the last FIVE YEARS**

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| --- | --- | --- |
| ***From - To*** | ***Institution*** | ***Nature of association*** |
| YY – YY |  |  |
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Is the proposed module external examiner eligible to be nominated according to the University’s regulations (see External Expertise Protocol) and in line with the QAA UK Quality Code for Higher Education Advice and Guidance: External Expertise? **YES / NO**

(Advice may be sought from the Academic Office on this matter).

Are staff from the University engaged in the external examining of similar programmes of study at the institution that the proposed external examiner comes from? **YES / NO**

If the nomination includes any partner programmes, please confirm that you have verified with the partner that staff from the partner institution are not engaged in external examining of similar programmes of study at the institution that the proposed external examiner comes from? Please provide additional information if necessary.

**N/A – the nomination does not include partner programmes**

**YES – confirmed that there is no such external examining arrangement**

**YES – there is (or has been recently) an external examining arrangement, details of which are outlined below**

Is the proposed module external examiner able to examine bilingually for programmes that are delivered through the medium of Welsh and the medium of English? **YES / NO**

Has the proposed module external examiner been informed that it is a requirement that all module external examiners will make themselves available for an initial University Induction following appointment (this is normally held via webinar)? **YES / NO** (if **NO,** please ensure that they are aware of this requirement)

Has the proposed external examiner agreed to be nominated for appointment? **YES / NO**

(if **NO,** ensure that agreement has been obtained before proceeding with the nomination)

Has the proposed external examiner been made aware that they will be acting in a self-employed capacity? (The Academic Office will provide a guide and template invoice for claiming the fee and any expenses.) **YES / NO**

(if **NO,** please ensure that they are content to proceed on

this basis before submitting the nomination)

**SECTION C - External Examiner fee**

**Information required for the initial calculation of the External Examiner fee**

**Number and total credit value of modules****. For modules delivered more than once per annum and/or delivered at more than one location and overseen by the same External Examiner, please indicate the number of cohorts per year in relation to each module as this may have an impact upon the annual fee. Please append additional information where required.**

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| --- | --- | --- |
|  | **Number of modules** | **Total credit value** |
| Level 4 |  |  |
| Level 5 |  |  |
| Level 6 |  |  |
| Level 7 Part I |  |  |
| **Total** |  |  |

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| --- | --- | --- |
| Level 7 Part II  dissertation / project |  |  |

Please give the name(s) of any other module external examiner(s) responsible for modules in the programme(s) of study.

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All module external examiners are required to attend the institution once during the academic year to meet staff and students (electronically or in person); this may coincide with the date of the Examining Board or be undertaken at a mutually convenient date. Module external examiners are not required to attend Examining Boards but at least one external examiner must be present at each Examining Board; if it is not possible to secure attendance by at least one module external examiner, a procedural external examiner will be asked to attend the Examining Board. Please indicate below any additional attendance requirements, showing number of extra days and purpose. Additional attendance is normally exceptional, and used for purposes such as observing teaching practice, or attending exhibitions or performances for assessment purposes. Please see the External Expertise Protocol for further information regarding expectations for attendance/visits.

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Please add any further information you feel is necessary for the setting of an appropriate fee.

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**SECTION D - Authorisation**

**Academic Discipline approval**

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| Academic Director |  |
| Signature |  |
| Date |  |

**Institute approval**

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| --- | --- |
| Dean (or pp. Dean’s representative) |  |
| Signature |  |
| Date |  |

The completed form (accompanied by Appendix GA2a) should be sent to the Quality Assurance section of Academic Office (email: [AOexternals@uwtsd.ac.uk](mailto:quality@uwtsd.ac.uk)) for consideration.

**THIS FORM IS ALSO AVAILABLE IN WELSH**