

**External Examiner Nomination Form**

Please contact the Deputy Academic Registrar in Academic Services if you have any queries.

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| **Proposed Roles and Responsibilities** |
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| External Examiners are appointed to provide the institution with independent, impartial judgement and advice regarding the quality and standards of the provision.  They are drawn both from academics at other institutions and professional practitioners. Their role is to ensure that the Academic Regulations and procedures in relation to assessment are applied appropriately, that nationally agreed standards are being upheld and that student performance is comparable to that at other institutions, and also to support the provision to enhance the student experience and future employability. Additionally External Examiners may be asked to contribute to the design of new curriculum within the appropriate faculty, ensuring that external frameworks and benchmarks are met. The name and affiliation of External Examiners are published to students for both modules and programmes.External Examiners’ roles and responsibilities may differ for provision accredited by external bodies. The External Examiner’s fee is paid upon receipt of an annual report of sufficient detail and Right to Work documentation.The proposal will be considered against the UK-wide set of criteria for appointing External Examiners specified in the QAA Quality Code and The Right to Work in the UK.*Possible exceptions could be granted where the discipline is small and specialist and hence the pool of potential External Examiners is therefore restricted.* *In the case of professional practitioners it is possible that the nominee will be unable to fulfil all criteria. Such nominations will be considered by Academic Standards and Enhancement Committee on behalf of Academic Board on a case by case basis.* *Where the nominee has no previous or current external examining experience, the extent of their internal experience will be taken into consideration. Where such a nominee would be joining a Department’s External Examiner team, a more experienced External Examiner(s) may be required to act as mentor(s) and tailored training and development could be provided by Hartpury to support the nominee as they undertake their role.**Any exceptions granted under this criterion will be considered carefully on behalf of Academic Board. Consideration will be given to the requirement of the examining role, the constitution of the existing department team of External Examiners and the ability of the programme team to support the development of the nominee to ensure that they are able to understand and engage with these aspects of their position.* |

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| **Part 1** |  |  |  |  |
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| **Department** |  | **Head of Department** |  |
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| **Outgoing External Examiner Details & Responsibilities** |
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| **External Examiner being replaced**Normally, an External Examiner shall not be permitted to replace an individual from the same institution, unless justification is made in the Statement of Suitability (Part 3, Section A). | **Name** |  |
| **Workplace** |  |
| **Name any Professional, Statutory or Regulatory Body Responsibility** |  |
| **External Examiner Type (e.g. Module or Programme)** |  |
| **Modules**  |
| **Module Code**  | **Module Name**  |  |
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| **Programme(s)** |  |
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| **New External Examiner Nominee Details** |
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| **Nominee** | **Title** | **Forename**  | **Surname** |
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| **Contact Details** | **Email** | **Workplace** |
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| **Tenure:** Four years from August to August (unless PSRB requirement) |
|  | From:  | To:  |
| **Nominee Type** *(Tick as applicable by double clicking the box and selecting ‘Checked’)* |
| [ ]  | Module Examiner |
| [ ]  | Programme Examiner |
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| **Reciprocal Arrangements** |
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| 🛈To ensure that **reciprocal arrangements** are avoided, please give details of current/recent (within last 3 years) External Examiner appointments held by members of faculty staff at the nominee’s host institution. |
| **Name of Staff Member** | **External Examining Responsibility** | **Period of Appointment (Dates)** |
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| **Proposed Roles and Responsibilities** |
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| 🛈Head of Department to complete the relevant table below for the Module or Programme External Examiner. |
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| **Module Examiner** |
| **Department *(delete as appropriate)*** | Animal and Agriculture/ Veterinary Nursing / Sport / Equine |
| **Fee Category** *(Tick as appropriate).* If more than 20 modules are to be examined, please explain this additional workload in the Statement of Suitability (Part 3, Section A).  |
| [ ]  | 1 – 5 modules  |
| [ ]  | 6 – 20 modules |
| **Modules (please identify any changes in the portfolio listed in above)** |
| **Module Code** | **Module Name** |  | **Add or remove** |
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| **Professional, Statutory or Regulatory Body (PSRB) Additional Responsibility**  |
| **Name(s) of PSRB** |  |
| **Name of Module(s) with PSRB requirements** |  |
| **What is required of the External Examiner to meet the PSRB requirements (e.g. Attendance at Module Examination Boards, notification/approval of the appointment, variations in annual reporting)?** |
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| **Programme Examiner** |
| **Name of Department** |  |
| **List Programme(s) with PSRB requirements** |  |
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| **What is required of the External Examiner to meet the PSRB requirements (e.g. Attendance at Programme Examination Boards, notification/approval of the appointment, variations in annual reporting)?** |
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| **Part 2** |  |
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| **Nominee Details – To be completed by the Nominee** |
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| 🛈An External Examiner’s academic and/or professional qualifications and expertise should be appropriate to the modules or programmes. You should have appropriate standing, expertise and experience to maintain comparability of standards. |
| **(a) Higher Education** |
| **Institutions Attended** | **Qualifications gained and dates** |
|  |  |
| **Professional Body** | **Qualifications and/or membership (Please note your Professional Body PIN or registration number where applicable)** |
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| **(b) Employment history (current and previous posts)** |
| **Post** | **Employer** | **Dates from / to** |
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| **Workplace** |  | **Home** |  |
| **Work address** |  | **Home Address** |  |
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| **Work Email** |  | **Additional Email** |  |
| **Work Tel.** |  | **Home Tel.** |  |
| **Preferred Contact Address (Tick as applicable by double clicking the box and selecting ‘Checked’)** | Work | [ ]  | **Mobile.** |  |
| Home | [ ]  |
| Both | [ ]  |
| **Right to Work** | **I confirm I have the right to work in the UK.** | **Yes** | **No** |
| Please delete as appropriate to confirm the statement above. As you will be undertaking work on behalf of Hartpury, you will be required to send or bring to the Review Event master documents confirming your ‘Right to Work in UK’, as detailed by the UK Border Agency. This is a legal requirement. |
| **Data Protection Information** | **I confirm I have completed the Personal Data and Consent to Process Form .** | **Yes** | **No** |
| Please delete as appropriate to confirm the statement above.  |
| **Confidentiality Statement** | **I confirm I have read the Confidentiality Statement.** | **Yes** | **No** |
| In the course of your appointment as External Panel Member, you may come across confidential information. For the purposes of this appointment confidential information is defined as “ any commercial or technical or scientific information including, without limitation, business, statistical, financial, marketing and personnel information, data, specifications, drawings, films, designs, samples, models, equipment, computer readable media and information of all kinds and in whatsoever form, tangible or intangible, belonging to either Hartpury or a third party in circumstances where Hartpury has agreed to keep such third party’s information confidential and which is disclosed to you in writing or if disclosed orally, is identified as confidential at the time of disclosure; and subsequently confirmed as confidential in writing.”You agree to keep such confidential information confidential and not to use or disclose such confidential information to any third party unless such information is: 1. made public at any time by the Hartpury or third party whose Confidential Information it is, or by others with the permission of that Party;
2. lawfully in your possession before the date of receipt without any obligation to maintain the confidentiality thereof;
3. in the public domain;
4. independently received from a third party who is free to disclose it;
5. is the subject of a legal requirement for disclosure.
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| **Examining and Other Relevant Experience** |
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| *🛈An External Examiner should have enough recent external examining or comparable related experience to indicate competence in assessing students at the required level, and should not normally hold more than the equivalent of two substantive appointments at the same time.* |
| **EXTERNAL EXAMINING: Current and previous experience (last 5 years)** |
| **Names of Institutions** | **Programme/Award/Subject** | **Level****(UG/PG)** | **Dates of appointment** | **Approx no. of students** |
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| **Teaching experience (main areas of responsibility over last 5 years)** |
| **Names of Institutions** | **Programme/Award/Subject** | **Level****(UG/PG)** | **Dates of appointment** | **Approx no. of students** |
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| **Research, scholarly, professional activity & consultancy (over the past 5 years only, with publication dates)** |
| **Activity** | **Dates** |
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| **Part 3** |  |
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| **Section A - Statement of Suitability – To be Completed by the Head of Department** |
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| *In this section the Department should include information to support the nomination, referring to the appointment criteria found in the HQEF and separated below. You may wish to include comments from the relevant programme managers.* |
| **Academic and/or Professional Qualifications and Expertise** |
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| **Standing and Experience** |
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| **Independence, Objectivity and Impartiality**  |
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| **Variety of Institutions and Professional contexts**  |
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| **Workload** |
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| Completed By |  | Date |  |
| Role/Job Title |  |
| *Please send this form to the Deputy Academic Registrar and they will ensure it is considered by Academic Board* |
| **Section B - Chair of Academic Board Approved**  |
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| Comments: |
| The nomination has been considered by Academic Board. It complies with appointment criteria and appointment should be confirmed. | Yes | No |
| Completed By |  | Date |  |

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| **This document should be circulated by the Deputy Academic Registrar to:**Academic Registrar / Head of Department / Student Records Administrator for the DepartmentThe External Examiner concerned should be sent a formal notification of the outcome of this nomination process including confirmation of appointment as appropriate. |