**UNIVERSITY OF ESSEX**

**PARTNER INSTITUTIONS**

**RECOMMENDATION TO APPOINT AN EXTERNAL EXAMINER**

(Taught awards only)

**Please complete a separate recommendation form for each External Examiner appointment and send to Quality and Academic Development via** [**external.examiners@essex.ac.uk**](mailto:external.examiners@essex.ac.uk)

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| **Name of appointing Institution** |  | |
| **Faculty** |  | |
| **Level of award e.g. undergraduate or postgraduate** |  | |
| **Type of External Examiner (Module or Award)** |  | |
| **Duration of appointment in years (maximum of 4)** |  | |
| **Academic years of appointment** | **From:** | **To:** |
| **Name of previous external** |  | |

**A full CV and appropriate documentation to prove the candidate’s Right to Work in UK must be supplied alongside this nomination form. We will be unable to process appointments submitted without this information:**

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| **Family Name** |  | **First**  **Name** |  | | **Title** |  |
| **1 Current academic appointment** | | | | | | |
| Current role/status | | |  | | | |
| Faculty/Discipline | | |  | | | |
| Institution | | |  | | | |
| **2 Work contact details** | | | | | | |
| Address | | |  | | | |
| Telephone | | |  | | | |
| Fax | | |  | | | |
| Email | | |  | | | |
| **3 Home contact details** | | | | | | |
| Address | | |  | | | |
| Telephone (Home) | | |  | | | |
| Telephone (Mobile) | | |  | | | |
| Home email (*only needed when the external wants to be contacted at home*) | | |  | | | |
| **4 Preferred address for correspondence** | | | **Work** | **Home** | | |

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| **5 Awards** *(complete only where applicable)*  Please list award title(s) **exactly** and in **full**, including the **course code(s).**  *(Please note that appointment to an award involves obligatory attendance at the Board of Examiners)* | |
| **Course code** | **Award Title** |
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| **6 Modules**  Please list the module code(s) and title(s) **exactly** and in **full** | |
| **Module code** | **Module Title** |
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| **7 Experience as an External Examiner**  **This section must be completed by the Head of Department/School in addition to providing a CV.** Please confirm that the nominee meets the University’s [criteria for appointment](https://www.essex.ac.uk/staff/academic-standards-and-quality/external-examiner-nomination-criteria). If the nominee has no experience as an External Examiner please advise what measures the Department/Centre will take to support the role. | |
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| **8 Right to Work in the UK**  In line with the Immigration, Asylum and Nationality Act 2006 (Prevention of Illegal Working regulations) we require along with the recommendation form and CV, a copy of a document confirming right to work (most commonly a UK passport).  A full list of acceptable documents is [published by the Home Office](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774286/Right_to_Work_Checklist.pdf). If you have any questions over the process for proving Right to Work, please contact [external.examiners@essex.ac.uk](mailto:external.examiners@essex.ac.uk)  **It will not be possible to accept or process any new recommendations without this information**. | |
| Please indicate which documentation has been attached: | |
| **9 Professional, Statutory and Regulatory Body Requirements**  If any of the awards/modules listed above are subject to professional, statutory and regulatory body requirements please indicate these below. | |
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| **10 External Examiner responsibilities at other institutions**  Nominees for the role of External Examiner at the University of Essex should not hold more than one other post as External Examiner at another institution. If the nominee currently holds, or plans to hold, appointments in excess of this please indicate below. | |
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| **11a Independence and impartiality**  Please ensure that the [criteria for independence and impartiality of External Examiners](https://www.essex.ac.uk/staff/academic-standards-and-quality/external-examiner-nomination-criteria) has been reviewed and no conflicts have been identified with this nomination.  Nominees cannot be appointed if this would lead to a reciprocal arrangement involving cognate programmes at another institution. Please confirm that no one in the department is an External Examiner at the nominee’s home institution department and that the nominee is neither a close friend, relation, or involved in ongoing collaborative research with a member of staff or student on the programme of study. | |
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| **11b** Departments should not appoint more than one External Examiner from the same department of the same institution. Please confirm that no one in the nominee’s home institution department is an External Examiner in your department and that the previous External Examiner for the nominated programme was not sourced from the same department in their home institution. | |
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| **11c** Please indicate here if the nominee has previously been a member of staff, student, or External Examiner for taught courses with the University of Essex or its collaborative partners. You should not nominate anyone who is a member of a governing body or committee of the University or one of its collaborative partners, or a current employee of the University or one of its collaborative partners. | |
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| **12 To be completed by the Head of Department/Director of Centre** |
| I nominate the above-named for appointment as an External Examiner for the awards/modules listed above. I confirm that I have read and understood the [criteria for appointment of External Examiners](https://www.essex.ac.uk/staff/academic-standards-and-quality/external-examiner-nomination-criteria) and that this nomination is in line with these requirements. I confirm that the nomination meets any roles and requirements of a **professional, statutory and regulatory body**. I confirm that I have discussed the roles and responsibilities of External Examiners with the nominee and they are willing to work within these requirements.  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **13 To be completed by the relevant Dean of Academic Partnerships or nominee** |
| Approved by the Dean of Academic Partnerships or nominee  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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