**UNIVERSITY OF ESSEX**

**RECOMMENDATION TO APPOINT AN EXTERNAL EXAMINER   
FOR A PARTNER INSTITUTION**

**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) **or internal post.**

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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** |  | |

Please tick to confirm that the following documents have been included. We will be unable to process appointments submitted without this information:

**Full CV Asylum and Immigration 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 **JACS code(s).**  *(Please note that appointment to an award involves obligatory attendance at the Board of Examiners)* | |
| **JACS 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](file:///\\sernt2\quality\pages\ExternalExamining\ExtExCriteria.htm). 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 (usually a UK/EEA passport or identity card).  If this is not available, a document from the list available on the Human Resources web page (<http://www.essex.ac.uk/personnel/Pol&Proc/default.htm>) is acceptable.  If the external examiner is a non UK/EEA national and cannot supply any of the required documentation, please seek advice from Human Resources.  **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 Conflict of interest**  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. | |
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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. | |
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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 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 Executive Dean, Dean of Academic Partnerships or nominee** | |
| Approved by the Executive Dean, Dean of Academic Partnerships or nominee  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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