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**EXTERNAL EXAMINER NOMINATION FORM**

Please complete this form and attach a CV for new appointments.

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| NOMINEE: Title First name(s) Surname |
| Name of the Programme:  |
| Award Titles to be in the remit of this external examiner: |
| Proposed period of appointment (normally 4 years with the possibility of extension for a further year):  Proposed start date: Proposed end date:  |
| Examiner(s) being replaced or state ‘New Post’ or ‘Reappointment’ as necessary:  |
| STATEMENT IN SUPPORT OF THIS NOMINATION |
| SIGNATURES Director of Music/Dance Head of Programmes/StudiesDate Date |
| Main contact at Trinity Laban (once in post): Email address: Telephone extension:  |

Nominee Details

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| Current/most recent place of work: Nominee’s address for correspondence:EmailDaytime telephone number: |
| Summary of nominee's internal assessment experience in last 10 years:  |
| Current and previous external examinerships in the UK and abroad (if any):(give institution, course title, level and period of tenure) |
| **Current and previous association with Trinity Laban (if applicable):** A Curriculum Vitae must be attached (ideally less than six pages)Please note, we may be required to pass on these details and/or copies of the CV to authorities outside Trinity Laban for the purposes of Course Approval, Validation or Subject Review. |

*NB: The completed form should be provided to the Academic Quality Unit*