**St George’s, University of London**

**External Examiner Appointment Details Form**

Applicant details for approval of an external examiner for a taught course. An appointment will be for a maximum period of four academic years.

**Section 1: Personal details**

*If retired, please give last position, with dates and home address*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **Surname** | |  | **Forename** |  | |
| **Current position** | |  | | | | | |
| **Institution** | |  | | | | | |
| **Address** | |  | | | | | |
|  | | | | | |
| **Email address** | |  | | | | | |
| **Telephone** | |  | | | | | |
| **NMC reg no (if applicable)** | | |  | | **Reg expiry date** | |  |

**Section 2: Eligibility and other declarations**

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| --- | --- |
| 1. Are you involved in a professional, contractual or personal relationship with a member of staff or student involved with the programme of study? | Yes / No |
| 2. How many external examiner appointments will you hold, including this appointment, at the start of your tenure?  *If more than two, please give reasons below to support this nomination* |  |
| 3. Have you had recent close involvement with St George’s staff or students, including collaborating on research projects or as an external examiner? | Yes / No |
| 4. Do you hold any other current or previous associations with SGUL or one of its collaborative partners (e.g. member of governing body or committee)? | Yes / No |
| 5. Are any of your colleagues enrolled as students on the programme that this nomination relates to? | Yes / No |
| 6. Are you, or will you be, in a position to influence significantly the future of students on this programme? | Yes / No |
| 7. To your knowledge, is there a member of St George’s staff appointed by your institution in the capacity of external examiner in the same subject/programme area in which you are nominated? | Yes / No |
| 8. Do you have the legal right to work in the United Kingdom?  *If your appointment is approved you will be required to provide documentary evidence to support this.* | Yes / No |
| 9. Are there any other potential conflicts of interest that you would like to declare? | Yes / No |
| *If you have answered yes to any of these questions, please provide further details:* |  |

**Section 3: Qualifications and experience**

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| Please outline your relevant academic, clinical and professional qualifications: |

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| Please outline your current areas of teaching: |

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| Please outline your areas of research and related scholarly/professional activity/consultancy: |

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| Please outline your experience in the design and delivery of assessments: |

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| Please outline any further details which may be relevant (e.g previous external examining experience) |

**Section 4: Declaration**

To the best of my knowledge, the particulars given by me on this form are correct. I am willing to serve as an external examiner on this programme. I undertake to notify St George’s if any circumstances affecting my appointment change during my tenure.

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

*Next steps:*

Please return the completed form together with a short CV to the member of St George’s staff who contacted you.

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**Internal use only:**

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| --- | --- |
| Approved (Yes or No) |  |
| Approved By (committee) |  |
| Date |  |