**External Examiner Nomination Form**

Further information can be found in the Trinity Laban External Examiners handbook and Academic Quality Handbook.

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 |
| SignatureDeputy Director (Learning & Teaching and Student Experience)Date Date |
| Main contact at Trinity Laban (once in post): Email address: Telephone extension:  |

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| NOMINEE DETAILS |
| Current/most recent place of work:  |
| 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 Senior Assistant Registrar (Quality & Governance) in the first instance.*

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| CONTACT DETAILS |
| Nominee’s address for correspondence:EmailDaytime telephone number: |

*Contact details to be removed before circulation.*