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# AQD013 - External Advisor Appointment Form

## Nomination for an External Advisor to act on the University panel at a Partner Approval, Partner Review, Course Approval event.

**Guidance**

1. Academic Quality and Development appoints External Advisors for approval and review events. Normally, two External Advisors will be appointed where one of them will have recent experience in an area of employment, industry, commerce or a profession relevant to the course.
2. A person shall be eligible for appointment as an External Advisor if she/he:
3. Is an experienced lecturer and has recent experience of teaching at the level of the course being considered or, in appropriate cases, is experienced in a relevant area of employment, industry, commerce or a profession, and
4. Has appropriate experience of course validation and review and
5. Has not for the preceding five years had any formal association with the School responsible for the course, or with the collaborative partner, or with the course itself, or with the staff teaching on it, and is not about to have a formal association with the School or the course, and
6. Has not for the last five years been a close working colleague of a member of either the University or partner course teams, and
7. Does not have a family association with a member of the course team.
8. The expectation from the External Advisor is to provide written comments on the documentation ahead of the event and to attend the event online or in person, where required the University will pay reasonable travelling and subsistence expenses personally incurred through the performance of their duties, and an honorarium of **£300.00** (Please note that tax will be deducted prior to payment). Where an event takes place over a number of days (excluding travel to the venue) an additional sum of £150.00 will be paid per day.

1. If by prior agreement the External Advisor provides comment on course documentation but does not attend the event online or in person, they will be paid an honorarium of **£150.00** (Please note that tax will be deducted prior to payment).
2. This form ***must*** be used to propose a new appointment for an External Advisor. The completed form should be submitted, at least three months before the proposed event. The nomination ***must*** be proposed by or on behalf of the Head of School to the appropriate AQD Business Partner (Quality Enhancement Officer) who will complete the Right to Work Check and confirm the appointment.
3. Please complete all sections, if any sub-section is not applicable indicate N/A. Please attach the proposed External Advisor’s curriculum vitae. Please note, the nomination will be approved subject to receiving the External Advisor’s original copy of **Right to Work in UK** document i.e. passport.
4. ***Section A*** *should be completed by the school/proposer.*
5. ***Section B*** *should be completed by the proposed External Advisor. If the CV addresses all points in this section, please state* ***‘Refer to CV’***
6. ***Section C*** *should be completed by the Academic Quality & Development (AQD).*

*NB: Please delete any guidance text in blue before submitting the form for approval.*

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| Section A: Completed by School | |
| **Title of Proposed Examiner** | Mr  Mrs  Ms  Miss  Dr  Prof. |
| **Full Name of Proposed External Advisor** |  |
| **Collaborative Partner Name (if applicable)** |  |
| **Please select (if applicable)** | Partner Approval  Partner Review  Course Approval  Course Review |
| **Course(s) to be validated** | 1. …… 2. …… 3. …… |
| **Course(s) to be reviewed** | 1. …… 2. …… 3. …… |
| **Proposing School(s)** | AADS  GSBL  SCDM  SHSC  SSSP  SBEN |
| **Location of course(s)** | Holloway  Aldgate  Other: |
| **Date of validation or review event** | From: (Month, year)  To: (Month, year) |
| Section B: Completed by the proposed External Advisor | |
| **Title** | Mr  Mrs  Ms  Miss  Dr  Prof. |
| **Surname** |  |
| **Forename(s)** |  |
| **Correspondence Address** |  |
| **Telephone (home)** |  |
| **Telephone (work)** |  |
| **Email (home)** |  |
| **Email (work)** |  |
| **Current Employment (if retired please indicate)** | Employer: Dates: |
| **Previous Employment (Last ten years)** | Employer: Dates:  Employer: Dates:  Employer: Dates:  *(If there are more, please copy and paste the above information and complete)* |
| **Higher Education Qualifications** | Institution:  Qualifications Gained: Dates: |
| **Professional Qualifications** | Professional Body:  Qualification/Membership status:  Dates: |
| **Current External Advisor Appointments:** | Institution:  Course:  Tenure Dates: |
| **Previous experience as an External Advisor:** | Institution:  Course:  Tenure Dates:  *(If more than one, please copy and paste the above information and complete)* |
| **Other Relevant experience** | *As an internal examiner, or in other related capacity (e.g. Quality Assurance activities), during the past 5 years* |
| **Research and related scholarly/professional activity/consultancy** | *Please give a brief account of main activities with particular reference to the last five years and list major publications (books, articles in refereed academic or professional journals, exhibitions, productions, etc.), with dates or refer to cv. If from a non-academic profession, please give details of any related commercial and professional activity relevant to the course(s) in the last five years.* |
| **Teaching Experience** | *Please give a brief account of main areas of teaching responsibilities (if any) over the last five years or refer to CV.* |
| **Any current/previous association with London Metropolitan University** | *Please give a brief account including dates of any current or previous associations with London Metropolitan University or its predecessor institutions, University of North London or London Guildhall University, in the last ten years.* |
| **Signature** | Signed:  Date: |

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| **Section C: Completed by Academic Quality and Development (AQD)** | |
| Please complete the checklist below by ticking **YES or NO**. If the answer to any question is YES then please provide a supporting statement. | |
| Does the nominee hold an examiner or advisor appointment at the collaborative partner institution? | Yes  No |
| Does the nominee hold an examiner or advisor appointment at the London Metropolitan University? | Yes  No |
| Has the nominee held any previous appointments as an External Examiner at London Metropolitan University? | Yes  No |
| Do any members of the nominating school teaching on a cognate course act as an External Advisor for the institution from which the nominee is drawn? | Yes  No |
| Is the nominee from the same institution as any other External Examiner connected with the same or cognate course(s) or within the same Subject Standards Board(s)? | Yes  No |
| Is the nominee associated with the course or School in any way? | Yes  No |
| Has London Metropolitan University employed the nominee in any position at any time within the past five years, including student research? | Yes  No |
| Where there are any professional body requirements regarding the appointment of External Advisors, does the nominee fail to meet them? | Yes  No |
| Does the nominee lack external advisor experience? | Yes  No |
| Has the nominee failed to provide evidence of eligibility to work in the UK? | Yes  No |
| Supporting Statement (where necessary) | |
| **Quality Manager (Partnerships)/ AQD Business Partner Name(s):**  **Signature:**  **Date:** | |