In Middlesex University External Examiner Nomination Form – Taught Provision 2024/2025

This form should be used to appoint External Examiners to taught programmes leading to Middlesex awards including campus, accreditation, and joint, franchised or validated collaborative provision.

The form should be completed by Programme Team staff and sent through with relevant signatures (section D) to the External Examiner mailbox: [externalexaminer@mdx.ac.uk](mailto:externalexaminer@mdx.ac.uk)

**Please ensure that you review** [**Guidance 4i Criteria for approval of External Examiners for programmes**](https://www.mdx.ac.uk/media/middlesex-university/about-us-pdfs/academic-quality/Guidance-4i-Criteria-for-approval-of-External-Examiners-for-programmes.pdf) **Criteria for External Examiners along with this form.**

An External Examiner's permanent residence must be located in the UK, they must also be eligible to work in the UK and complete the appropriate right to work requirements for the university.

External Examiners should be appointed to named programme(s), (in general they should have no more than 12 modules).

An External Examiner may be appointed for in-house provision, campus and franchise provision; However, an External Examiner **may not be** appointed for both in-house and collaborative validated partner programmes.

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| **Section A: Details of Proposed External Examiner** | |
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| **Details of proposed External Examiner** | |
| **Title** |  |
| **Full name** |  |
| **Work address** |  |
| **Home address for P60 HR purposes** |  |
| **Telephone number** |  |
| **Email** |  |

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| **Right to Work information**  All External examiners will need to undergo a Right to Work Check. Documents as specified by UK Visas and Immigration (UKVI) must be provided before any work is undertaken. A video link meeting will be scheduled to validate your document(s) and your identity. External Examiners cannot start employment and cannot be entered onto the payroll system until this information has been provided. | |
| **Please confirm your nationality from passport(s):** |  |

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| **Programme details:**  Please list ALL programmes including exit awards and pathways if the EE is responsible for these. | | | | | |
| Name of collaborative partner institution:  (if applicable): | |  | | | |
| **Programme code** | **Approved title of programme(s)** | **Please indicate programme delivery details – tick all that apply:** | **Programme Leader** | **Director of Programmes (MDX programmes)** | **MDX Department and Faculty** |
|  |  | Hendon campus  Dubai campus  Mauritius campus  Apprenticeship  Validated  Franchise  Joint |  |  |  |
|  |  | Hendon campus  Dubai campus  Mauritius campus  Apprenticeship  Validated  Franchise  Joint |  |  |  |
|  |  | Hendon campus  Dubai campus  Mauritius campus  Apprenticeship  Validated  Franchise  Joint |  |  |  |
|  |  | Hendon campus  Dubai campus  Mauritius campus  Apprenticeship  Validated  Franchise  Joint |  |  |  |
|  |  | Hendon campus  Dubai campus  Mauritius campus  Apprenticeship  Validated  Franchise  Joint |  |  |  |

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| **Programme Modules**  EEs are assigned to Programmes and are responsible for all modules under that programme.  Please include all campus and collaborative partner delivery. | | |
| **Module Code** | **Module Name(s)**   * **For Hendon modules – HEN** * **For Dubai module – DBI** * **For Mauritius modules – MRU** * **For franchised modules indicate the partner(s)** | **Language of delivery if not English** |
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| **Proposed EE Language Qualifications/details of knowledge and understanding.**  *where non-native speakers are used please state here the extent to which the proposed external examiner has a good knowledge and understanding of English, and the necessary language skills where instruction and/or assessment is not in English* | | |
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| **Is this appointment** Please indicate | a) New appointment: | Yes/No |
| b) Replacement appointment: | Yes/No |
| **For Replacement appointment:** | Name of present examiner to replace: |  |
| Date of present examiners final board: |  |
| **Names of other current approved external examiners (if there is a team of examiners)** |  | |
| **Programme assessment board the External Examiner will attend** |  | |
| **Month when EE Annual Report should be completed by the EE** |  | |

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| **Proposed period of tenure – Appointments are for 4 assessment cycles (usually 4 years).** | |
| **Appointment Start Date** (*Usually October of each year)* |  |
| **Appointment End Date** (*Usually 30 September for UG Programmes and 30 November for PG Programmes)* |  |
| **Date of first Board (approximate)** |  |

**Section B: Proposed External Examiner employment, experience and qualification**

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| **Details of current employment** | |
| **Current/last position** (*If retired please give dates and name of institution)* |  |
| **Name Institution/company** |  |

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| **Previous employment** | |
| **Job title and dates of employment** | **Name of employer** |
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| **Professional qualifications** | | | |
| **NMC Pin Number (If applicable for Nursing and midwifery programmes):** | |  | |
| **Professional body/ institutional name** | **Qualification/status of membership** | | **Date of award** |
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| **Teaching experience** | | |
| **Institution** | **Subject** | **Detail of responsibilities**  *\*Give brief account of main areas of teaching responsibilities (if any) over the last five years* |
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| **If current employment is not within a UK HEI please add here any current/previous experience of UK Higher Education** | | |
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| **Current external examining experience**  **Note only two other substantial external examining appointments will be accepted** | | |
| **Institution Name(s)** | **Dates of Appointment** | **Programmes/modules covered and indication of Student numbers** |
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| **Previous experience as an external examiner within Higher Education** | | |
| **Institution name(s)** | **Dates of appointment** | **Position and programmes covered** |
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| **If the EE has no current or previous EE experience they will need to complete one of:**   1. A shadowing year of existing EE 2. Professional development for External examiners course offered by Advance HE *(contact AQS for details)* | | *Please indicate which is preferred option* |

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| **Brief description of research and related scholarly/ professional activity/consultancy activity over the last 5 years**  *Include*   * *committee membership with particular reference to last five years* * *major publications (books/articles in refereed academic or professional journals) with dates* | |
| **Details of research activity and any publications** | **Date** |
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| **Conflict of Interest see LQEH Guidance 4i Criteria for approval of external examiners - Section 8** | | | |
| **Was the proposed External Examiner part of the programme’s validation/review panel with Middlesex University?**  **Please note this is not considered to be a conflict** | | **Yes** | **No** |
|  | | | |
| **Please state any current/previous association that the proposed examiner has with Middlesex University, or one of the University’s Collaborative partners.** If none please state "None" | | | |
| **Faculty/ Department/ Programme** | **Dates** | **Detail of activity** | |
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| **For Collaborative Provision please state any current/previous association that the proposed examiner has had with the relevant partner institution.** If none please state “None” | | | |
| **Partner Name** | **Dates** | **Details of activity** | |
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**Section C: Supporting Statement**

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| **Brief Supporting Statement for nomination for proposal**   * **To be completed by programme team/collaborative partner.** * **Highlight why this nomination is suitable for the appointment.** * **If the proposed external examiner does not fully meet all the criteria please provide reasoning and justification for the nomination.** |
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| **Reciprocal arrangements:**  **By Signing Section D below the Director of Programmes/Institutional Link Tutor confirms that there are no reciprocal arrangements in place with the proposed examiner’s home institution.** | |

**Section D: Signatures**

**For Middlesex University, Accreditation, Campus and Franchise Provision:**

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| **Middlesex University - Director of Programmes (or equivalent)** | | |
| **Print Name** | **Signature** *(electronic typed signature is acceptable)* | **Date** |
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| **Deputy Dean or Dean of Faculty** | | |
| **Print Name** | **Signature** *(electronic typed signature is acceptable)* | **Date** |
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**For Validated and Joint Collaborative Partner Provision:**

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| **Collaborative Partner – Head of Institution (or equivalent)** | | |
| **Print Name** | **Signature** *(electronic typed signature is acceptable)* | **Date** |
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| **Collaborative Partner – Institution Link Tutor** | | |
| **Print Name** | **Signature** (e*lectronic typed signature is acceptable)* | **Date** |
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| **Collaborative Partner – University Link Tutor** | | |
| **Print Name** | **Signature** *(electronic typed signature is acceptable)* | **Date** |
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| **Deputy Dean or Dean of Faculty** | | |
| **Print Name** | **Signature** *(electronic typed signature is acceptable)* | **Date** |
|  |  |  |

**Once all the above signatures have been obtained please submit to Neela Lubojacky, Quality Manager (Externality) for review and processing. (**[**externalexaminer@mdx.ac.uk**](mailto:externalexaminer@mdx.ac.uk)**)**