

**External Examiner Extension/Reallocation Form**

**Application for approval of an extension of appointment or a reallocation of duties of an approved external examiner for taught programmes**

In order to expedite consideration of the application, it is requested that this form be completed as comprehensively as possible. If a section is not applicable write N/A.

**The completed form should be returned to** [**Externalexamining@bournemouth.ac.uk**](mailto:Externalexamining@bournemouth.ac.uk)**.** **Please attach a copy of current CV for extension of appointment applications.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A- Reallocation/ extension Details (to be completed by the Faculty)** | | | | | | | |
| 1. Name of external examiner (please include title) | | |  | | | | |
| **2. Programmes the external is currently responsibility for (list all)** | | | | | | | |
| **Programme and Award Title** *(please specify both)*  *(Add/delete rows as appropriate)* | | | | Place of delivery | | **Mode of attendance/ delivery** *(e.g. f/t, p/t, distance)* | |
| **i.** |  | | |  | |  | |
| **ii.** |  | | |  | |  | |
| **iii.** |  | | |  | |  | |
| **iv.** |  | | |  | |  | |
| **3. EXTENSION REQUESTS- Current Appointment and proposed EXTENSION details (or state N/A)** | | | | | | | |
| **Current dates of appointment** | | From: Month/Year. | | | | **To:** Month/Year. | |
| **Period of proposed extension:** | | From: Month/Year. | | | | **To:** Month/Year. | |
| **4. REALLOCATION REQUESTS- Proposed reallocation details of the new allocation (please include any that are current and will remain)** | | | | | | | |
| **4.1 Programme and Award Title** *(please specify both)*  *(Add/delete rows as appropriate)* | | | | Place of delivery | | **Mode of attendance/ delivery** *(e.g. f/t, p/t, distance)* | |
| **i.** |  | | |  | |  | |
| **ii.** |  | | |  | |  | |
| **iii.** |  | | |  | |  | |
| **iv.** |  | | |  | |  | |
| **4.2 . Units the nominee would have particular responsibility for (please list ALL including current units that will remain):**  *Units where the external examiner will have responsibility must be specified here. New external examiners are appointed to maintain sole or joint responsibility for at least one named programme and an agreed number of named unit(s) (normally 6-12 depending on the credit size and/or instances of delivery).* | | | | | | | |
| **Unit Title** *(Do not use abbreviations)* | | | | | **Level** | | **Credit Value** |
|  | | | | |  | |  |
|  | | | | |  | |  |
|  | | | | |  | |  |
|  | | | | |  | |  |
|  | | | | |  | |  |
|  | | | | |  | |  |
|  | | | | |  | |  |
|  | | | | |  | |  |
|  | | | | |  | |  |
|  | | | | |  | |  |

|  |  |  |
| --- | --- | --- |
| **5.** **Are there any Professional, Statutory or Regulatory Body (PSRB) requirements associated with this change of responsibility:** | | **YES NO** |
| **5A. If YES, please provide details of how the nominee meets this requirement:** | |  |
| ***5B. For NMC regulated programmes ONLY, please provide the proposed examiner’s NMC information:*** | | |
| **Proposed examiner’s registration number:** |  | |
| **Proposed examiner’s revalidation date:** |  | |
| **6. Rationale for proposal to EXTEND or REALLOCATE** | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION B: EXTERNAL EXAMINER DETAILS**  *(to be completed by the external. Please provide a current CV with this form. If there is no change in these details since the original Approval please state ‘no change’ )* | | | | |
| **7. Current post**  *(If retired, please indicate, and give last post, with dates and home address)* | | | | |
| **Current/ last role** | |  | | |
| **Current/last institution of work** | |  | | |
| **Department/ Academic Group** | |  | | |
| **Date(s) of appointment** | |  | | |
| **Address of institution** | |  | | |
| **Telephone number** | |  | | |
| **Business telephone** | |  | | |
| **Email** | |  | | |
| **8. Current external examiner appointments other than BU**  *(if the proposal will lead to a total of more than two substantial examinerships concurrently, please give reasons in support of the proposal in a covering letter)* | | | | |
| **Dates** | **Institution** | | **Programme title and level** | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| **9. Please confirm you have submitted your current CV alongside this form** | | | | **CV attached: YES NO** |

|  |  |
| --- | --- |
| **10. Signature of nominee** | |
| **Signature of external examiner**  **I confirm that no known conflicts of interest currently exist such as:**  i. being a member of a governing body or committee of the appointing institution or one of its collaborative partners, or a current employee of the appointing institution or one of its collaborative partners;  ii. having a close professional, contractual or personal relationship with a member of staff or student involved with the programme of study;  iii. being required to assess colleagues who are recruited as students to the programme of study;  iv. being in a position to influence significantly the future of students on the programme of study;  v. being significantly involved in recent or current substantive collaborative research activities with a member of staff closely involved in the delivery, management or assessment of the programme(s) or modules in question;  vi. being former staff or students of the institution unless a period of five years has elapsed and all students taught by or with the external examiner have completed their programme(s).  **Declaration:**   1. I hereby give my consent to Bournemouth University to record and process my personal information and sensitive personal data in line with the terms of GDPR and all other legislative provisions. 2. My consent is conditional upon Bournemouth University complying with their legal duties and obligations relating to the recording and use of this information. | |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **SECTION C: FACULTY APPROVAL**  (*to be completed by the Faculty*) | |
| **11 Signature of Executive Dean of Faculty (Bournemouth University) authorising nomination to proceed**  I confirm that this nominee has been checked against the Faculty’s staff records and no reciprocal arrangement would result from this appointment. *(see 6N – External Examining: Policy and Procedure for Taught Awards)* | |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |