**APPENDIX 1 - QUALITY ASSURANCE AND ENHANCEMENT GROUP – NOMINATION FORM**



With the agreement of the nominee, we are pleased to nominate the under mentioned member of staff to serve as a member of the Quality Assurance and Enhancement Group.

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| **Name of Nominee**: |  |
| **Faculty & Dept / Partner / Professional Service**: |  |
| **E-mail address of nominee**: |  |
| **Position held**:  |  |
| **Date joined BU / Partner staff**: |  |

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| **Relevant HE experience in academic quality assurance and the enhancement of educational experiences (e.g. academic advising, curriculum design, programme management, handling academic offences). Please provide details of your engagement with these activities at BU**: |
| **Relevant experience in partnership activity, Technology Enhanced learning and CPD delivery** : |
| **Relevant experience in supervising/examining Research Degree students**: |

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| **Proposed by**: |  |
| **Seconded by Deputy Dean (Education) (or equivalent)**: |  |