**Form E6**

**Substantive Review External Panel Member (Academic) and Internal Panel Members Nomination Form**

***Note: This form is for completion by QAE only***

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| --- | --- |
| **Course(s):** |  |
| **Date of Substantive Review:** |  |

For Substantive Review, all panel members will be appointed by QAE, with the exception of the external panel member with industrial/professional experience who will be nominated by the faculty (on form E5)

**EXTERNAL PANEL MEMBER (ACADEMIC)**

|  |  |
| --- | --- |
| **Name** |  |
| **Job title and place of work** |  |
| **Previous review experience** |  |
| **Relevant specialist and subject expertise** |  |
| **Address, mobile telephone number & email address for correspondence** |  |
| **Rationale for nomination** |  |
| **I have confirmed that the nominee is available to attend the event in person** | **\*Yes/No (\**delete as appropriate*)** |
| **Any previous or current association with the University?**  **If yes, then provide details** | **\*Yes/No (\**delete as appropriate*)** |

**CONFIRMATION OF MEETING CRITERIA TO BE AN EXTERNAL**

|  |  |
| --- | --- |
| **Criteria** | **Yes or No**  **If yes, then please state why the external is being proposed**  **You must answer all six questions** |
| **Has the proposed external been a member of university staff, governor, student or near relative of a member of staff involved in the provision, within the last five years?** |  |
| **Is the proposed external associated with the design and/or operation of the provision under consideration?** |  |
| **Does the proposed external have a close association with the provision in a management role?** |  |
| **Has the proposed external been an external examiner for the University in the last five years?** |  |
| **Is the proposed external a member of staff from a partner institution of the University?** |  |
| **Does the proposed external have relevant UK Higher Education experience?** |  |

**INTERNAL PANEL MEMBER**

|  |  |  |
| --- | --- | --- |
| **Name and job title of proposed internal panel members** | **School and Faculty** | **I have confirmed that the nominee is available to attend the event in person (\*delete as appropriate)** |
|  |  | \*Yes/No |

**APPROVED BY:**

|  |  |
| --- | --- |
| **Head of Quality Assurance and Enhancement (or nominee):** |  |

**CONFLICTS OF INTEREST**

Once completed, QAE will share this form with the Associate Dean (Learning and Teaching) and the Head of School before confirming the appointments, to ensure that there are no conflicts of interest with the nominees

I confirm that there are no conflicts of interest with the nominees listed on this form

|  |  |
| --- | --- |
| **Head of School:** |  |
| **Associate Dean (or nominee) of Faculty:** |  |