

**Nomination for approval of a new External Verifier**

***Please note, this nomination form must be completed by the nominating LJMU Programme Leader. If the nomination includes collaborative provision it is the LJMU Programme Leader’s responsibility to ensure that the applicable collaborative partner(s) is fully involved in its completion.***

***This nomination must be accompanied by the nominee’s Curriculum Vitae (CV) and evidence of the nominee’s eligibility to work in the UK, for example a scan of the photo page of the nominee’s passport. Any nominations submitted without this information will not be considered by the External Examiner Panel.***

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| 1. **Details of Nomination** |

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| **Name of Nominee** | | |
| **Title** | **Forename(s)** | **Surname** |
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| **Nominee’s current employment** | |
| **Post** |  |
| **Work address (including postcode)** |  |
| **Work phone number** |  |
| **Work email address** |  |

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| **Does the nominee require a work permit to work in the UK?** | |
| **Yes** | **No** |
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| **Please confirm the apprenticeship(s) and Apprenticeship Standard(s) to which this nomination relates** | | | | | |
| **Programme**  **Code** | **Award** | **Programme Title** | **Owning**  **School** | **Owning**  **Faculty** | **Linked Apprenticeship Standard(s)** |
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*Please add rows as necessary*

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| **Will/are any of the apprenticeships referenced above included with the remit of another External Verifier(s)?** | | | | | | |
| **Yes** | | | | **No** | | |
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| **If “Yes”, please confirm below** | | | | | | |
| **Programme**  **Code** | **Award** | **Programme Title** | **Name of External Verifier(s)** | | **Institution** | **Brief description of how responsibilities will be distributed** |
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*Please add rows as necessary*

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| **Are any of the apprenticeships referenced above collaborative provision?** | | | | |
| **Yes** | | | **No** | |
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| **If “Yes”, please identify below** | | | | |
| **Programme**  **Code** | **Award** | **Programme Title** | | **Collaborative Partner** |
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*Please add rows as necessary*

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| **Please confirm the owning School and Faculty for this nomination** | |
| **School** | **Faculty** |
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| **Please confirm the intended commencement date for the proposed engagement?**  *External Verifiers will be engaged for a period of five years from the date of commencement. The university requires that External Verifiers are normally fully approved in readiness for the start of an academic session.* |
| Click or tap to enter a date. |

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| **Does the nomination relate to:** | |
| **A new External Verifier** |  |
| **A replacement External Verifier** |  |

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| **If the nomination is intended to replace an External Verifier, please provide details of the External Verifier being replaced by his nominee** | |
| **Name** | **Current Place of Work** |
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| **Will there be any overlap (in terms of period of engagement) between the incoming and outgoing External Verifier?** | |
| **Yes** | **No** |
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| **If “Yes” please provide details here:** | |
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| 1. **Eligibility** |

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| **Does/is the nominee:** | **Yes** | **No** | **N/A** | **If “Yes”, please indicate which section of the nominee’s CV contains the evidence that has informed this judgement.** |
| Qualified to at least the FHEQ level of the apprenticeship(s) encompassed within this nomination? |  |  |  |  |
| Currently employed by an institution delivering apprenticeship provision? |  |  |  |  |
| Have experience of being actively involved in the delivery, operation and management of a Higher Education apprenticeship programme(s)? |  |  |  |  |
| Have a proven track record of achieving consistent improvements in relation to Higher Education apprenticeships? |  |  |  |  |
| Have demonstrable expertise, competence and experience in the fields covered by the applicable apprenticeship, including work-based aspects? |  |  |  |  |
| Have a robust knowledge and understanding of the applicable Apprenticeship Standards(s)? |  |  |  |  |
| Have a robust knowledge and understanding of the requirements of applicable external funding bodies and regulators? |  |  |  |  |
| Have a demonstrable ability to challenge effectively? |  |  |  |  |
| Have an awareness of current changes taking place in relation to Higher Education apprenticeships, and an ability to keep up to date with developments in an ongoing way? |  |  |  |  |
| Have an understanding of the key stakeholders involved in Higher Education apprenticeships? |  |  |  |  |
| Have an understanding and experience of current practice and developments in the teaching, learning and assessment of Higher Education apprenticeships? |  |  |  |  |
| Comply with all relevant employment legislation, including safeguarding? |  |  |  |  |
| Have a demonstrably clear communication style? |  |  |  |  |
| If applicable, meet criteria set by a Professional, Statutory or Regulatory Body? |  |  |  |  |
| **Where answers have been provided as “No” or “N/A”, please explain below.** | | | | |
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| **Is proof of the nominee’s professional registration required?** | | |
| **Yes** | | **No** |
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| **If “Yes” please confirm:** | | |
| **What evidence of professional registration has been appended to this nomination form** |  | |
| **If applicable, the end date of the professional registration** |  | |

***Please note, if the nominee is required to hold professional registration, the nomination will not be considered by the External Examiner Panel until appropriate evidence of this registration has been supplied.***

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| **Is/has the nominee** | **Yes** | **No** |
| A member of a governing body or committee, or an employee of one of the university’s current partners? |  |  |
| Anyone with a close professional, contractual or personal relationship with a member of staff, apprentice or employer involved with one of the university’s apprenticeships? |  |  |
| Anyone required to assess colleagues who are recruited as apprentices to one of the university’s apprenticeships? |  |  |
| Anyone who is, or knows they will be, in a position to influence significantly the future of apprentices on one of the university’s apprenticeships? |  |  |
| Anyone significantly involved in recent or current substantive collaborative research activities with a member of staff closely involved in the development delivery, management or assessment of one of the university’s apprenticeships? |  |  |
| A former member of Liverpool John Moores University staff (within the past 5 years)? |  |  |
| A former Liverpool John Moores University apprentice (within the past 5 years)? |  |  |
| A former Liverpool John Moores University External Examiner (within the past 5 years)? |  |  |
| Acted as External Advisor/External Panel Representative for the validation/periodic programme review of the apprenticeship(s) for which they are being nominated? |  |  |
| Acted, or currently acting, as an independent assessor for one of the university’s integrated End-Point Assessments? |  |  |
| **Would the proposed engagement with this nominee result in** | **Yes** | **No** |
| A reciprocal arrangement involving cognate programmes at another higher education provider? |  |  |
| The succession of an External Verifier by a colleague from the nominee’s home department and provider? |  |  |
| The engagement of an External Verifier from the home department and provider as the apprenticeship’s External Examiner? |  |  |
| **Where a positive answer(s) has been provided, please explain below.** | | |
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| **Is there anything else you wish to bring to the attention of the External Examining Panel in support of this nomination?** | |
| **Yes** | **No** |
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| **If “Yes”, please state here** | |
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| 1. **Declaration and Sign-off** |

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| **By completing this section, the School confirms that:**   * **The nomination form has been accurately completed and all of the responses are correct.** * **All of the applicable apprenticeships are identified within this nomination.** * **If applicable, an appropriate representative(s) from a collaborative partner(s) has been consulted fully and supports the nomination.** * **The proposed workload of the External Verifier is considered to be reasonable, appropriate and manageable.** | | |
|  | **Signature and Name** | **Date** |
| **Programme Leader** | Name: | Click or tap to enter a date. |
| **Link Tutor**  *collaborative provision, only* | Name: | Click or tap to enter a date. |
| **Director of School** | Name: | Click or tap to enter a date. |

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| **Date approved by the External Examiner Panel** |
| Click or tap to enter a date. |