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| **Periodic Review** **Nomination form for external member of periodic review panel** |
| The following extract from the University’s ‘Review Framework’ refers to the panel which will be constituted for the purpose of internal periodic review. A panel must be approved by the University Quality Operations Group. The minimum composition will be:* + Chair, from an independent Faculty;
	+ Two internal members from outside of the Department being reviewed, but at least one with some related subject knowledge;
	+ A member of Quality and Teaching Excellence;
	+ External subject specialist; and
	+ A Students’ Union nominee (normally president or a vice-president), who has not been a student in the Faculty which owns the discipline being reviewed.

External panel members are nominated by the Faculty and must be approved by the UniversityQuality Operations Group. They will not normally have been external examiners, for the provision being reviewed, within the last five years.  |
| The Review Framework describes the processes of periodic review, and the duties expected of reviewers. It can be found at <https://northumbria-cdn.azureedge.net/-/media/corporate-website/new-sitecore-gallery/services/academic-registry/documents/qte/monitoring-and-review/pl028_v002-review-framework.pdf?modified=20200811103034> |
| Nominees should have been supplied with information about their proposed role from the nominating Faculty. Further information will be provided, as necessary, by the Review Team in Quality and Teaching Excellence. The nominee should complete this form, which should be signed in the final section by the Chair of the Quality Operations Group. This Committee is the nominator. |

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| **Department to be reviewed**  |  |
| **Dates of review (if known)** |  |

**External Member Details**

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| **Surname** |  |
| **Forename** |  |
| **Title** |  |
| **Present post** |  |
| **Contact address** |  |
| **Email** |  |
| **Telephone** |  |
| **Mobile**  |  |
| **Subject specialism**  |  |

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| **Please indicate any relevant experience from the following, over the last five years, with dates.** |
| **Review, validation or approval panel membership external to your own institution** |  |
| **Review, validation or approval panel membership within your own institution** |  |
| **Subject or other professional association membership and activities, e.g. committee experience** |  |
| **Professional, statutory or regulatory body experience** |  |
| **Advance HE involvement/membership** |  |
| **Reviewer training or experience** |  |
| **External examining** |  |
| **Any other relevant experience** |  |

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| **Independence** (**it is important that the independence of external panel members is assured).** Please indicate any association with the Faculty being reviewed over the last five years, e.g. as external examiner or membership of validation/review panels. Any reciprocal arrangements between your own institution and staff of the Faculty should also be indicated[[1]](#footnote-1). |
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| **Eligibility to work in the UK** The Immigration, Asylum and Nationality Act requires the University to check external reviewer eligibility to work in the UK. From the list below, please put a cross in the relevant box to confirm which of these apply to you; where you have a current visa, please provide and expiry date. You will be required to provide proof or this; further information will be sent when your appointment is confirmed.  |
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|  | **Add x****if applies** | **Expiry Date of Visa** |
| I am a citizen of the UK, European Area or Switzerland |  | Not applicable |
| I have indefinite leave to remain or a UK Ancestry Visa |  | Not applicable |
| I am a dependant of someone who has permission to work or study in the UK |  |  |  |  |
| I hold Tier 1 (Highly Skilled Worker) status |  |  |  |  |
| I hold Tier 1 (Post Study Worker) status |  |  |  |  |
| I hold a Certificate of Sponsorship/work permit in my current employment  |  |  |  |  |
| I am registered with the Workers Registration Scheme |  |  |  |  |
| I hold a valid Student Visa |  |  |  |  |
| I am not currently in the UK and do not have eligibility to work in the UK |  | Not applicable |
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| **Signature of nominee** |  | **Date** |  |
| **Signature of Head of Department** **(or nominee AHoD or DoE)**  |  | **Date** |  |
| **Signature of Chair of Quality Operations Group** |  | **Date** |  |

Please return to Quality and Teaching Excellence Review Team: rg.review@northumbria.ac.uk

1. if in doubt as to what should be included please seek advice from the nominating Faculty, or from Quality and Teaching Excellence, contact as above. [↑](#footnote-ref-1)