

## External Examiner Nomination Form

The roles, responsibilities, criteria for eligibility and appointment process are stated within the TU Dublin External Examiner Policy.

Programme Details	
Title	
Code	

Proposed External Examiner Details (to be completed/provided by nominee)	
Name	
Affiliation & Address	
Current Position	
Contact Tel.	
Email Address	
Academic/Professional Qualifications and any Professional Affiliations	
Summary of Relevant Experience	

Details of proposed appointment	
Programmes/modules to be examined	
Proposed period of appointment. (normally a period of 4 years, or longer depending on programme duration)	

## To be completed by External Examiner nominee

<b>Conflicts of Interest Declaration (Please tick the appropriate box)</b>	
I have read the <a href="#">External Examiner Policy</a> and declare that I do not have any conflicts of interest in relation to my appointment as External Examiner.	<input type="checkbox"/>
I wish to declare the following interests and understand this information may be used in any decision relating to my appointment as External Examiner.	<input type="checkbox"/>
Conflict of Interest Details:	

<b>Confidentiality (Please tick to confirm)</b>	
I have read the <a href="#">External Examiners Policy</a> and understand that the documentation and materials are confidential and must be returned to TU Dublin or destroyed at the end of the assessment process. I understand that documentation and materials must not be distributed or used for any other purposes. I understand that all communications concerning this process are confidential.	<input type="checkbox"/>

<b>Data Protection</b>	
While acting as an external panel member for TU Dublin, I understand that I have responsibility for any personal data relating to other people that I may access while appointed as an external panel member for the University.	<input type="checkbox"/>
I have read and understand the TU Dublin Data Protection Policy and understand my obligations while processing personal data for TU Dublin.	

Signature:	Date:
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## To be completed by School and Faculty

### School Approval

Please tick to confirm the school is satisfied that the nominations as detailed in this form do not present any undeclared conflicts of interest?		<input type="checkbox"/>
Head of Discipline Signature:	Date:	
Head of School Signature:	Date:	

### Faculty Approval

Faculty Board Chair or nominee Signature:	Date:
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### University Approval

Head of Academic Affairs or nominee Signature:	Date:
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