

**Partner Periodic Review**

**External Panel Member Nomination/s**

|  |  |
| --- | --- |
| **AQU Contact**  |  |
| **Periodic Review Partner** |  |
| **Courses/awards to be included in review** |  |
| **HE Manager Name** |  |
| **Preliminary meeting date with AQU** |  |
| **Proposed Partner Periodic Review date**(AQU will contact the external panel member(s) with dates). |  |
| **Notes from preliminary meeting:** |  |

**For completion by Partner (in consultation with School)**

**Exact number of External Panel Members and required experience to be confirmed by the Director of Quality and Educational Development**

Details of an academic external panel member with experience of partnerships and one employer representative (for courses with a substantive work-based or work-related dimension) to be provided and submitted to the designated AQU Officer for approval by Dr Marie Stowell. (See [guidance notes on choosing panel members](http://www.worc.ac.uk/aqu/documents/Appendix6GuidanceonChoosingExternalAdvisersPanelMembers.docx))

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1st Nominee****(Academic)****School of XXXX****[Course]** | **2nd Nominee****(Academic)** | **3rd Nominee****(Employer representative)** |
| **Name (including title)** |  |  |  |
| **Job Title/Role** |  |  |  |
| **Name of Institution or Organisation** |  |  |  |
| **Email address** |  |  |  |
| **Telephone number** |  |  |  |
| **Any relationship past or present with UW (or partner institution, if applicable)** |  |  |  |
| **Provide a hyperlink to nominee’s university web page or provide an electronic CV with this form to illustrate relevant/appropriate experience i.e. your reason for nominating this person** |  |  |  |
| **Nominee approved by Head of School** *(Enter name)* |  |  |  |

**For completion by Director of Quality and Educational Development**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved by DQED** | Yes / No  | Yes / No  | Yes / No |
| **Comments on suitability** |  |  |  |
| **Comments on process required, e.g. resources tour, specific expertise**  |  |  |  |
| **Date of return to AQU** |  |  |  |