**External Panel Member Nomination Form**

External panel members are nominated within the following quality enhancement processes:

* [Programme Validation](https://www.tudublin.ie/media/website/explore/about-the-university/academic-affairs/documents/Approved-Programme-Validation-Process-23June2021.pdf)
* [Programme Review](https://www.tudublin.ie/media/website/explore/about-the-university/academic-affairs/documents/Programme-Review-Process-1-12-2021.pdf)
* [School Review](https://www.tudublin.ie/media/website/explore/about-the-university/academic-affairs/documents/School-Review-Process-1-12-2021.pdf)
* [Faculty Review](https://www.tudublin.ie/media/website/explore/about-the-university/academic-affairs/documents/Faculty-Review-Process-1-12-2021.pdf)
* Professional Services Review

|  |  |  |
| --- | --- | --- |
| **Quality Enhancement Process** | | **Details** |
| Programme Review or  Validation | ☐ | Programme Title: |
|  | Programme Code: |
|  |  | School: |
|  |  | Faculty: |
| School Review | ☐ | School: |
|  |  | Faculty: |
| Faculty Review | ☐ | Faculty: |
| Professional Services  Review | ☐ | Professional Service: |

# Nominations

|  |  |
| --- | --- |
| **Name** | **Affiliation** |
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**School/Professional Service Approval**

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| --- | --- | --- |
| Please tick to confirm the School / Professional Service is satisfied that the nominations as detailed in this form do not present any undeclared conflicts of interest? | | ☐ |
| Head of School/Function Signature: | Date: | |

**Faculty Approval (not required for Professional Service Unit)**

|  |  |
| --- | --- |
| Faculty Board Chair or nominee Signature: | Date: |

**University Approval (where applicable)**

|  |  |
| --- | --- |
| Head of Academic Affairs or nominee Signature: | Date: |

**Nomination (to be completed by nominee)**

|  |
| --- |
| **Name:** |
| **Place of Work & Address:** |
| **Contact Number:** |
| **Email Address:** |
|  |
| **Current Position:** |
|  |
| **Qualifications:** |
| **Summary of Relevant Experience:** |

|  |  |
| --- | --- |
| **Conflicts of Interest (Please tick the appropriate box)** | |
| I declare that I do not have any conflicts  of interest in participating in this quality enhancement panel. | ☐ |
| I wish to declare the following interests and understand this information may be used in  any decision relating to panel membership. | ☐ |
| Conflict of Interest Details: | |

|  |  |
| --- | --- |
| **Confidentiality (Please tick to confirm)** | |
| I understand that the documentation and materials are confidential and must be returned to TU Dublin or destroyed once the Panel’s report is finalised. 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 and the publishable outcome of the process is the  Panel’s final report. | ☐ |

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| **Data Protection (Please tick to confirm)** | |
| I have read and understand the TU Dublin Data Protection Policy <https://www.tudublin.ie/explore/gdpr/data-protection-policy/> and understand my obligations while processing personal data for TU Dublin. | ☐ |

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| Signature: | Date:03 Feb 23 |