

**EXTERNAL EXAMINER NEW STARTER FORM (Ver 1 – Oct’17)**

**Part 1: Personal Details – To be completed by the External Examiner**

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| **Do you currently hold an appointment with the University?** | **Yes** | **No** | **Have you ever held an appointment with the University?** | **Yes** | **No** |

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| **Department** |  | **Staff No (If already an employee)** | | |  | |
| **Title (Miss/Mrs/Ms/Mr/Dr)** |  | **National Insurance No** | | |  | |
| **Forename(s)** |  | **Surname** | | |  | |
| **Date of Birth (DD/MM/YY)** |  | **Gender (Please Circle)** | | MALE / FEMALE / OTHER | | |
| **Address all** |  | | | | | |
|  | | **Post Code** | | |  |
| **Email Address** |  | | **Nationality** | | |  |

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| **Bank/Building Soc. Name** | | | |  | | | | | | | | | | | | | | | | |
| **Branch Address** | | | |  | | | | | | | | | | | | | | | | |
| **Sort Code** |  |  |  | |  |  |  | | **Account No.** | |  |  |  |  |  |  |  | |  | |
| **Reference Table 1 – Occupation Code - UK Government Standard Occupational Classification. (Please tick category)** | | | | | | | | | | | | | | | | | | | | |
| Academic Non-Clinical Teaching, Examining, Demonstrating,  Tutoring (**231**) | | | | | | | | |  | | Academic Clinically-Qualified Teaching, Examining,  Demonstrating, inc. Dental (**221**) | | | | | | | |  | |

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| **↓ Right to Work - This section must be completed by ALL external examiners ↓** | | | | |
| In order to comply with the Immigration, Asylum and Nationality Act 2006, the University is required to obtain documentary proof of a workers legal right to work in this country. Please ensure you have provided the necessary **original** right to work documentation to your department. Guidance on right to work documentation can be found here <https://www.liverpool.ac.uk/intranet/hr/payroll/gettingpaid/> | | | | |
| Do you hold a Tier 4 Visa | | Yes / No / N/A (visa not required) | | |
| **↓ Equal Opportunities Data ↓** | | | | |
| The University of Liverpool is an equal opportunities employer. We need to carry out equalities monitoring in order to meet our statutory obligations and to make sure our Human Resources processes are working to promote equality for all. Please help us do this by ticking the appropriate boxes below. If you do not want to provide this information please tick the ‘prefer not to say’box.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Disability** Do you have a disability as defined by the Equality Act 2010? | | | | | | | | | Yes (If yes please tick one of the boxes below) | | |  | No |  | Prefer not to say |  | | Specific Learning Difficulty |  | Physical Impairment | | |  | Other |  | | General Learning Disability |  | Hearing impairment | | |  | Prefer not to say |  | | Cognitive impairment |  | Visual Impairment | | |  |  |  | | Long Standing Illness |  | Mental Health Condition | | |  |  |  | | **Ethnic Origin** (Please tick one box below) | | | | | | | | | **White** | | **Black/African/Caribbean/British** | | | | **Other Ethnic Group** | | | English, Welsh, Scottish, British |  | Black/ Black British - Caribbean | | |  | Arabic |  | | Irish |  | Black /Black British - Black African | | |  | Other Ethnic background |  | | Gypsy or Traveller |  | Other Black background | | |  | Prefer not to say |  | | Any other White Background |  |  | | |  |  |  | | **Asian / Asian British** | | **Mixed / Multiple ethnic group** | | | |  |  | | Asian or Asian British - Indian |  | Mixed - White & Black Caribbean | | |  |  |  | | Asian or Asian British - Pakistani |  | Mixed - White & Black African | | |  |  |  | | Asian or Asian British - Bangladeshi |  | Mixed - White & Asian | | |  |  |  | | Chinese |  | Other Mixed background | | |  |  |  | | Other Asian background |  |  | | | | | | | **Religion** (please tick one box below) | | | | | | | | | No Religion or Belief |  | Hindu | | |  | Sikh |  | | Christian |  | Jewish | | |  | Any other Religion |  | | Buddhist |  | Muslim | | |  | Prefer not to say |  | | **Sexual Orientation** (please tick one box below) | | | | | | | | | Straight / Heterosexual |  | Gay Man | | |  | Other |  | | Gay Woman / Lesbian |  | Bisexual | | |  | Prefer not to say |  | | | | | |
| Workers Signature |  | | Date |  |

**Part 2: About the position - For completion by the authoriser and department administrator (SAS)**

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| Start Date |  |  | - |  |  | - |  |  | End Date\* |  |  | - |  |  | - |  |  |

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| Copy of Passport (Including Cover + verified by department) attached | YES |  |  |
| Copy of Current Visa (If not UK / EU Passport Holder) attached | YES | NO | N/A |
| Do they hold a Tier 4 Visa | YES | NO | N/A |
| Passport Number |  |  |  |

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| I confirm that the information on this form is correct and the necessary right to work documentation has been checked and approved before any work was undertaken. | | | |
| Print Name |  | Position |  |

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| Staff Id No: |  | Examiner notified: |  |
|  |  | Date added to Master Spreadsheet |  |