**Recommendation for the Title of Collaborative Programmes Officer (Research)**

Please be aware that the information that you share will be processed by the Collaborative Provision Team, within Registry. Your data is being collected in order to maintain accurate and up-to-date employment/engagement records and contact details. To find out how we will use any personal data you share with us, please read our [privacy statements](https://www.birmingham.ac.uk/privacy/staff.aspx).

|  |  |
| --- | --- |
| Collaborative Organisation  |  |
| Programme |  |

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| Title | Dr/Mr/Mrs/Miss/Ms/Other: please indicate |
| UoB Email Address |  |
| UoB Telephone Number |  |
| College |  |
| School |  |
| Present Role within the School and/or College |  |

|  |  |
| --- | --- |
| Membership of Professional Bodies (If none, write “None”) |  |

|  |
| --- |
| Rationale for Nomination as Collaborative Programmes Officer (Research) |
| i) | experience of collaborative provision arrangements |
| ii) | academic experience, including research, relevant to the programme(s) being delivered |
| iii) | research supervisor training experience, internal/external examiner / Chair of Viva for Research Degree Theses |
| iv) | number of postgraduate researchers supervised to date, and outcome of examination of the thesis |
| v) | experience of examining taught elements of research degrees |
| vi) | knowledge of the University’s guidance on quality assurance and related matters |
| vii) | other relevant experience and/or information |

**Approval Process**

**Section A: Nominee**

|  |
| --- |
| I confirm that the University of Birmingham may hold this information and share any relevant information as necessary for the fulfilment and implementation of the agreement between the University of Birmingham and [Insert Organisation Name] dated the [Full date] or any subsequent extension thereof. |

|  |  |
| --- | --- |
| Signed | Date |

**Section B: Head of School**

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| Approved/Not Approved\* and signed by the Head of School |
| Name (Block Capitals) | Signature | Date |
|  |  |  |

**Please return this form to: Collaborative Provision Office, Registry.**