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

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(s) |  |

|  |  |
| --- | --- |
| 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, including |
| i)  | experience of collaborative provision arrangements |
| ii)  | academic experience relevant to the programme(s) being delivered |
| iii) | knowledge of the University’s guidance on quality assurance and related matters, examining experience |
| iv) | 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 [*please insert name of collaborative organisation]* dated the [*please insert date*] or any subsequent extension thereof. |

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

**Section B: Head of School**

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

**When completed and signed, please return the form to: Collaborative Provision, Registry**