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| **PGR EXTERNAL EXAMINER ENGAGEMENT FORM** | | | | | | | |
|  | | | | | | | |
| **Part 1 – Personal Details** | | | | | | | |
| Title |  | Forename(s) |  | | Surname | |  |
| Date of Birth | |  | | | | | |
| Home Address  (inc. postcode) | |  | | Contact Address  (inc. postcode) if different from home address | |  | |
| Email address | |  | | | | | |

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| **Part 2 – Equal Opportunities Data** | | | | |
| The University is an equal opportunities employer and monitors its processes to ensure that they promote opportunities for all. Please help us do this by completing the following section. All data is held in confidence and complies with General Data Protection Regulations. | | | | |
| * **Nationality** |  | | | |
| * **Disability** | | | | |
| Do you have a disability as defined by the Equality Act 2010? | | | Pick. | |
| If you have answered yes to the question above, please provide more details | | | Pick. | |
| * **Ethnic Origin** | | | | |
| Please select from the following options: | Pick. | | | |
| * **Religion** | | | | |
| Please select from the following options: | Pick. | | | |
| * **Gender** | | | | |
| Please select from the following options: | Pick. | Gender same as at birth? | | Pick. |
| * **Sexual Orientation** | | | | |
| Please select from the following options: | Pick. | | | |

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| *To the best of my knowledge, the particulars given by me on this form are correct and, if engaged, I agree to conduct all of the duties of the role as laid out in the University’s External Examining Postgraduate Research Regulations.* | | | |
| **Signature:** |  | **Date:** |  |

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| **Once completed, please return this form, along with a scanned copy of your bank statement\*, to:** [**externalexaminers@lancaster.ac.uk**](mailto:externalexaminers@lancaster.ac.uk) |

**\*A scanned bank statement is required to ensure we have your correct bank account/ sort code details when paying your fee.**