

**Early-Stage Assessment**

**School of Public Health**

|  |  |
| --- | --- |
| **ESA Time and Venue Details** | |
| **Student Name** |  |
| **Date of ESA** |  |
| **Time of ESA** |  |
| **Venue** |  |

Independent Assessor’s contact details

|  |  |
| --- | --- |
| **Independent Assessor 1** | |
| **Assessors Full Name** |  |
| **Please summarise the reasons why the nominated assessor is suitable for appointment to this role** | |
| **Assessors Contact Email** |  |

|  |  |
| --- | --- |
| **Independent Assessor 2** | |
| **Assessors Full Name** |  |
| **Please summarise the reasons why the nominated assessor is suitable for appointment to this role** | |
| **Assessors Contact Email** |  |
| **Divisional Approval:**  **On behalf of the School of Public Health, I approve the panel of assessors according to College regulations.** | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |