****

# Approval of Student Teaching Assistants

|  |
| --- |
| This form is intended for all new appointments, for completion before the commencement of any work.  The form will be submitted to the Board of Studies, by the Department or School intending to appoint a student to responsibilities for teaching and/or teaching support on programmes for which that School or Department is responsible.  Only graduates (normally students on doctoral degrees) may be appointed to mark work which contributes to a final degree classification. Where this is required the specific unit(s) must be approved separately, by Board of Studies as having suitable assessment methods and support mechanisms in place (QA9 Form 2) in addition to the approval of named individuals on this form.  Please note that the Board of Studies MUST assure itself that students with teaching-related responsibilities have undertaken training or have substantial experience, in order to be appointed to such a role (See section 5 of [QA9](http://www.bath.ac.uk/quality/documents/QA9.pdf) – Professional Development and Recognition for All Staff and Students who Teach).  Alternatively, students intending to undertake such roles should have committed to training provided by the Centre for Learning and Teaching (CLT) coinciding with the commencement of their teaching activities.  Where possible, this form should be accompanied by SAMIS record(s) indicating relevant courses/workshops undertaken at the University of Bath or evidence of appropriate training delivered outside the University.  A copy of this form should be sent to the CLT Academic Staff Development team on completion. |

Department/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Student | Student No | Student’s own programme and year of study | Programme(s) or Unit(s) in which the student will be involved in teaching | Please indicate the nature of teaching or teaching support (*Lab demonstrations, project supervision, teaching tutorials, marking, providing feedback, facilitating seminars, lecturing, leading workshops or any other activities*) | Approximate numbers of hours per week or per semester involved in teaching | What supervision and /or support will the Teaching Assistant be given? | Details of approved training provided by the Department/ School and when | Details of training provided/or to be provided by CLT and when | Details of any prior substantial experience. |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Head of Department/School, OR Director of Studies OR Nominated alternative requesting the appointment:

Name: ...................................................................... Date: ...............................................................

|  |
| --- |
| **APPROVAL OF APPOINTMENT BY BOARD OF STUDIES** |
| Date of meeting: .................................................... Minute number: .............................................. |
|  |