

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 (<i>Lab demonstrations, project supervision, teaching tutorials, marking, providing feedback, facilitating seminars, lecturing, leading workshops or any other activities</i>)	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	
<p>Date of meeting: Minute number:</p>	