

## **Graduate Research Office**

Office of the Dean, Higher Degree Research The Australian National University +61 2 6125 5777

hdr.examinations@anu.edu.au

## Nomination of additional examiner form

This form should be completed when recommending an additional examiner as part of the thesis examination process. This recommendation should be in line with the ANU Guideline: <u>Higher degree by research – examiner's reports recommendations</u>. An appointment of an examiner must be endorsed by the Delegated Authority and approved by the Associate Dean. Refer to the *Research Awards Rule*<sup>1</sup> as required.

If completing this form as a result of divergent examiner reports, please attach the completed and approved form to the Thesis Submission eForm. In all other cases, please email the completed and approved form to <a href="https://hdm.examinations@anu.edu.au">hdr.examinations@anu.edu.au</a>

Candidate details	
First name	
Last name	
ANU ID	U
Examiner details	
Title	
First name	
Last name	
Email Address	
Phone number	
Country of citizenship	
Examiner address details	
Mailing address line 1	
Mailing address line 2	
Mailing address line 3	
Town/Suburb	
State/Province	
Postcode/Zip code	
Country of residence	
Examiner academic organisation	
Academic organisation	
Country of academic organisation	

<sup>&</sup>lt;sup>1</sup> The current Research Awards Rule can be found on the <u>Legislation - ANU</u> page

Experience, contact and availability	
Please provide the justification for nominating this examiner, including details of the nominee's current appointment, research experience, publications and detailed experience (including years and numbers) as both a supervisor and an examiner of theses, and international standing. You can paste text or type into the comments, provide a link to online information, or attach the nominee's CV as a supporting document.	
Please provide evidence of any relevant prior communication with this examiner related to the examination of the Candidate's thesis. For example, email communication, meetings or telephone conversations. You can attach supporting documents as required	
Please detail any restrictions in the examiner's availability:	

## Sanctions

Sanctions are coercive or punitive measures imposed by governments as a means of influencing regimes to alter their behaviour. Australia imposes two main types of sanctions measures:

- Multilateral sanctions based on resolutions made by the United Nations Security Council; and
- Autonomous Australian sanctions.

Sanctions impose restrictions on activities related to designated individuals and entities, with designated products, or in designated locations. A number of university activities may give rise to risks under sanctions laws.

The sanctions framework includes regulations designed to drive a strict liability regime under which Australian organisations (including universities) could be liable for a breach if they are unable to demonstrate that they have taken 'reasonable precautions' and 'exercised due diligence' in the development and implementation of Autonomous Sanctions (AS) related policies, procedures and educational/training programs.

More information about Autonomous Sanctions is available from the Department of Foreign Affairs and Trade (DFAT). Visit the Nomination of examiners page for a link.

The purpose of these questions is to undertake a risk assessment of providing the thesis to each Examiner, taking into account the Candidate, the Research Topic, and the nationality, location and known associations of the Examiner.

It may also be helpful when making this assessment to consider the Defence and Strategic Goods List (DSGL). Visit the <u>Nomination of examiners page</u> for a link.

## Do you have concerns about this Examiner in relation to Sanctions?

Yes – I have concerns about Sanctions in relations to this examiner (enter comments below)
No – I **do not** have concerns about Sanctions in relations to this examiner (skip to next section)

If you have concerns about Sanctions, please outline them:		
Previous collaboration		
To the best of your knowledge, has the nominee published or closely collaborated with the Candidate or a member of their supervisory panel in the last 5 years?		
Yes – to the best of my knowledge, the nominee has published or closely collaborated with the Candidate or a member of their supervisor panel in the last 5 years (enter comments below)		
No – to the best of my knowledge, the nominee has <b>not</b> published or closely collaborated with the Candidate or a member of their supervisor panel in the last 5 years (skip to next section)		
The nominee should not have published or closely collaborated with the Candidate or a member of their supervisory panel in the last 5 years. In exceptional circumstances, the Associate Dean may appoint an examiner who has collaborated with the Candidate or a member of their supervisory panel in the last 5 years. Please reconsider this nomination.		
If you would like to continue with this nomination, please provide a short statement outlining the details and nature of the collaboration:		
Conflict of interest		
Are you aware of the nominee having an actual or potential conflict of interest relating to the examination of the thesis, or have they been connected with the Candidate's thesis?		
Yes – I am aware of a conflict of interest (enter comments below).		
No – I am <b>not</b> aware of a conflict of interest (proceed to signatures on next page).		
As per the Research Awards Rule, if anyone is or becomes aware that the person nominated to be appointed as an examiner has or may have a material interest in relation to the examination of the candidate's thesis, they must immediately notify the Associate Dean in writing. They must also disclose the nature of the interest.		
If you would like to proceed with this nomination, please provide details of the conflict of interest:		
Please proceed to signatures on next page		

Signatures (optional) Examiner appointment recommended by: (Primary Supervisor name) Signature: Date: (Primary Supervisor signature) Examiner appointment endorsed by: (Delegated Authority name) Date: Signature: (Delegated Authority signature) Examiner appointment approved by: (Associate Dean name) Date: Signature: (Associated Dean signature)