**TEMPLATE FOR APPROVAL OF EXTERNAL SPEAKERS**

**Please complete section (a) below and submit to** [jlall@arden.ac.uk](mailto:jlall@arden.ac.uk) **at least two weeks prior to the event.**

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| 1. **To be completed by requestor** | | | | | |
| Name of requestor |  | Student audience  *[please state related programme(s)]* |  | | |
| Event title |  | Date of session |  | | |
| Aim of the session |  | Name of guest speaker |  | | |
| Name and address of guest speaker’s organisation |  | Has name and address of guest speaker’s organisation been confirmed | Yes | No | Please provide website address of guest speaker’s organisation: |
| Study centre location or VLE |  | Please state what resources or materials are being used or distributed: | | | Contents checked and suitable:  Yes No  Checked by (please provide name and title of member of staff): |
| If the event is at a study centre location, will it be recorded and available on VLE?  Yes No | Please state key sources of information used for the event: | | |
| Member(s) of staff to be present at event: | | | | | |
| Has the speaker (and/or the organisation they represent) been refused permission to speak publicly at any event at any organisation?  Yes No  Comments: | | | | | |
| Is the subject matter, topic or title controversial or likely to evoke a strong emotive response if advertised to the general public, or within the University community?  Yes No  Comments: | | | | | |
| Is there the likelihood of a situation arising in which people might experience harassment, intimidation, verbal abuse or violence, damage to person or property?  Yes No  Comments: | | | | | |
| Do we know or think the speaker would not be able to confirm that he/she would be able to abide by all relevant University policies?  Yes No  Comments: | | | | | |
| If the answer to any of the questions above is ‘yes’ then the request will be referred to the Registrar. If the answer to all questions is ‘no’, then you may proceed. | | | | | |
| **FOR OFFICE USE ONLY**  **b. To be completed by Secretary to SMT** | | | | | |
| Registrar approval required?  Yes No | | | | | |
| Registrar decision and actions (where applicable): | | | | | |
| Date of approval: | | | | | |