





## APPLICATION FORM FOR NATIONAL LEVEL PEERS

reisonal details				
Title				
First Name				
Last Name				
Sex: Female Male				
Date of birth:				
Address:				
Phone:				
E-mail:				
Institutional and professional background				
Main organisation at/for which you work:				
Job title/position:				
Name of organisation:				
Department:				
Address (of department/organisation):				







Application Form for Peers  Type of organisation (only one answer, tick the most appropriate):
Guidance centre
Adult education
Vocational education
School (general education)
Higher education/research institution (university, polytechnic, research
institute)
Educational authority (national/regional authority, inspectorate, accreditation
bodies etc.)
Professional/sectoral association
Enterprise
☐ Non-profit organisation
☐ No organisational allegiance/freelancer
Consulting firm
☐ Other
If your institution is a Guidance centre: which is your main area of guidance work?
educational guidance
vocational guidance
other kind of guidance (fill in)
Guidance experience
Guidance experience:
Years of guidance experience: years
Currently working as a counsellor Yes No







Application Form for Peers

Experience with qua	ity assu	rance and c	quality de	velopment proce	dures		
Have you personally conducted any review work so far?  Yes No (Review work can be e.g. review of institutions, evaluation of guidance process, assessment of counsellors, audits etc.)							
What		Whe	ere	Your role/task	ks Year		
1							
2							
3							
4							
Have you or has your institution already been reviewed?  Yes No							
Type of review	By	whom	Des	cribe your	Year		
procedure	Бу			olvement	Teal		
1							
2							
2				+			







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Training and certifications in quality assurance/management:
☐ ISO internal auditor
☐ ISO external auditor
☐ EFQM internal assessor
☐ EFQM external assessor
Other training completed:
Do you have any expertise in (please indicate level of expertise: 1 (excellent), 2 (good), 3 (fair), 4 (basic), do not tick the box if you do not have any expertise)
- conducting interviews
- observing guidance processes
- analysing quantitative data
- analysing qualitative data
giving oral feedback
- writing review reports
- review work in a foreign language (indicate language:)
- moderating groups
- conflict management
- time management
- scientific evaluations in the area of guidance
Other experience with quality assurance and quality development procedures

Topics, fields	Describe your involvement (role and tasks)	Year
1		
2		
3		
4		









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Further skills relevant to the Peer Review work
Use the box below if you wish to indicate any other relevant skills (personal skills, social skills, etc)
Preferences for being a member of a Peer Review team
Please, indicate whether there is a guidance centre you prefer for being a member of a Peer Review team (name of guidance centre, reasons for being a peer in this institution)
I would like to be a Peer Coordinator
I would like to be an Evaluation Expert \( \square \text{Yes} \square \square No
I would like to be a Transnational Peer  Yes  No
If you would like to be a Transnational Peer, please indicate the country/countries:
Date: Place: Signature:

<u>Data protection:</u> Please note that any information delivered in this application form will be assessed and entered into a Peers Database of the Leonardo da Vinci project EuroPeerGuid, which members of the project have access. However, no information will be released to third parties without your prior consent.

