

APPLICATION FORM FOR TRANSNATIONAL LEVEL PEERS

Personal details

Title

Your photo:

First Name

Last Name

Sex: Female Male

Date of birth:

Nationality:

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: Yes No

Years of guidance experience: ____ years

Currently working as a counsellor Yes No

Application Form for Peers

Experience with quality assurance and quality development procedures

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	Where	Your role/tasks	Year
1			
2			
3			
4			

Have you or has your institution already been reviewed?

Yes No

Type of review procedure	By whom	Describe your involvement	Year
1			
2			
3			

Application Form for Peers

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		

Application Form for Peers

Transnational experience
Transnational experience
 Yes

 No

Country, area	Description of experience
1	
2	
3	
4	

Language Skills

Indicate your level of proficiency: 1 (excellent), 2 (good), 3 (fair), 4 (basic)

Language	Reading	Speaking	Writing	Are you able to conduct a Peer Review in this language? (yes/no)
Mother tongue:	-	-	-	yes
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-

Other relevant professional expertise

What other professional expertise do you have that is relevant for the Peer Review work?

Indicate the areas in which you have acquired expertise and rank the level of this expertise on a scale from 1 (excellent) to 4 (basic). Do not tick the box if you do not have any expertise. For the three areas you feel most experienced in, please use the space provided to explain how you have acquired this expertise.

- Intercultural dialogue
- Training of counsellors
- Training of teachers/trainers
- Development of guidance methods
- Development of training courses
- Development of guidance materials
- Co-operation between stakeholders
- Guidance for disadvantaged groups, indicate which:
- Other - Specify:
- Other - Specify:

Field of Expertise 1Description:

Field of Expertise 2Description:

Field of Expertise 3Description:

Application Form for Peers

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 Yes No

I would like to be an Evaluation Expert Yes 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:

Data protection: 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.