## **Application Form for Peers**

**Personal details**

|  |  |
| --- | --- |
| **Title**       **First Name**  **Surname**  **Sex:**  Female  Male  **Date of birth:**  **Country:**  **Private address:**  **Phone:**  **E-mail:** | **Your photo:** |

**Institutional and professional background**

**Main organisation at/for which you work (if applicable) (in native language)**:

**Main organisation at/for which you work (if applicable) (in English):**

**Job title/position:**

**Name of organisation:**       **Department:**

**Address (of department/organisation):**

**Country of the organisation:**

**Type of organisation (tick the most appropriate):**

VNFIL provider

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

**VNFIL Experience**

**Experience in VNFIL:**  Yes  No

**Years experience**:       years

**What is your main area of activity in VNFIL?**

VNFIL provider − counselling

VNFIL provider − assessment

VNFIL provider − other

**Shortly describe your main professional activities in VNFIL**

|  |
| --- |
| 1 |
| 2 |
| 3 |
| 4 |
| other |

**Experience with quality assurance and quality development procedures**

**Have you personally conducted any review/evaluation work so far?**

Yes  No

(Review work can be e.g. review of institutions, evaluation of projects and programmes, assessment of counsellors/teachers/trainers, audits etc.)

**List your most important experiences in review/evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| What | Where | Your role/tasks | Year |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Have you or has your institution already been reviewed?**  Yes  No

**List the reviews here**

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

**Training and certifications in quality assurance/management:**

ISO internal auditor

ISO external auditor

EFQM internal assessor

EFQM external assessor

Other training completed:

None so far

**Do you have any expertise in**

Please indicate level of expertise: 1 (excellent), 2 (good), 3 (fair), 4 (basic), 5 (none so far)

conducting interviews

observing VNFIL 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 VNFIL

**If you have done review work in a foreign language indicate the language(s):**

**Other experience with quality assurance and quality development procedures**

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

**Gender Mainstreaming and diversity**

**Do you have any expertise in Gender Mainstreaming?**  Yes  No

If yes, please describe your expertise (mandatory):

**Do you have any expertise in dealing with diversity (e.g. diverse target groups, diverse work settings)?**  Yes  No

If yes, please describe your expertise (mandatory):

**Transnational experience**

**Transnational experience**  Yes  No

**List your most important experiences here:**

|  |  |
| --- | --- |
| 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**

**Other areas of professional expertise**

Do you have any expertise in

Intercultural dialogue

Guidance and counselling

Training of teachers/trainers

Development of teaching methods

Development of training courses

Development of teaching materials

Co-operation between national bodies, enterprises and/or social partners

VNFIL for disadvantaged groups, indicate which:

Other – Specify:

Other – Specify:

Please indicate level of expertise: 1 (excellent), 2 (good), 3 (fair), 4 (basic), 5 (none so far)

**For the three areas you feel most experienced in, please use the space provided to explain how you have acquired this expertise.**

|  |  |
| --- | --- |
| Field of Expertise 1 |  |
| Description: | |

|  |  |
| --- | --- |
| Field of Expertise 2 |  |
| Description: | |

|  |  |
| --- | --- |
| Field of Expertise 3 |  |
| Description: | |

**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 VNFIL institution you prefer for being a member of a Peer Review team (name of VNFIL institution, name of the contact person within this VNFIL institution, 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:

I would like to be a Gender Mainstreaming & Diversity Expert  Yes  No

I ask for the inclusion of my peer application in the European Peer Register.\*   
 Yes  No

I agree that the information contained in this application will be stored and analysed by EPRA\*\*

Yes  No

Date:

Place:

Signature:

\* If you consent, the information delivered in this application form will be assessed and entered into the European Peer Register of the **European Peer Review Association** (EPRA) (see also below:Data protection). Your inclusion will mean that your application may be considered for further Peer Reviews throughout Europe. No information, however, will be divulged to third parties without your prior explicit approval.

\*\* Data protection: EPRA respects the European General Data Protection Regulation in force since 25.5.2018. If you do not give your explicit consent for EPRA to store and analyse the data you submitted, EPRA will delete all personal information contained in your application immediately upon submission. You can always withdraw your consent by writing an email to [info@peer-review-network.eu](mailto:info@peer-review-network.eu?subject=Withdrawal%20of%20consent%20for%20inclusion%20in%20European%20Peer%20Register)

Please contact EPRA if you have any further questions: [info@peer-review-network.eu](mailto:info@peer-review-network.eu?subject=Peer%20Register)

Return this application and, if applicable, any annexes by e-mail   
 to the European Peer Review Association (EPRA) [info@peer-review-network.eu](mailto:info@peer-review-network.eu)