

APPENDIX I – Peer Evaluator Data Form

NAME IN FULL

First Name	Middle Name	Surname

PERMANENT ADDRESS

House/Apartment Number:	Street Name:
Town:	City:
State/Country/Region:	Postal Code:

POSITION

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INSTITUTION

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CONTACT INFORMATION

Email:	Telephone:	Mobile:
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SPECIAL MEDICAL CONDITIONS

(Please state any medical conditions which may affect your performance)

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DISABILITIES

(Please state any disabilities which may affect your performance)

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DIETARY REQUIREMENTS

(Please state any dietary requirements)

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QUALITY ASSURANCE SERVICE INTERESTS

(Please check the ACTT external evaluation service which you may be interested in)

Conferment of Title/Registration	
Registration	
Institutional Accreditation	
Programme Approval	
Transnational recognition	

PERIOD OF AVAILABILITY

(Please check the period during the year in which you may be willing to serve)

All Year Round	
January to April	
May to August	
September to December	

CONFLICTS OF INTEREST

Conflict of interest is defined as any set of circumstances that create undue risk that affects a peer evaluator's professional judgement or actions with respect to the conduct, performance or decisions regarding an institution's external evaluation process or result. Such circumstances may be financial, familial, employment, ownership, legal or otherwise that may lead to bias in favour of or against any institution or deemed to be corruption. Typically, in situations of prior employment, a peer evaluator should have ceased employment with the institution at least five years before being eligible for serving as a peer evaluator with that institution.

The following constitutes conflicts of interest if there is:

- evidence of prior employment at or with the institution being evaluated;
- evidence of prospective employment with the institution being evaluated;
- evidence of current or prior service in connection with the institution being evaluated;
- personal or financial interest in the ownership or operation of the institution;
- personal or immediate familial relationship with any members of the institution;
- existence of prejudice, e.g. involved in legal battle with the institution;
- evidence of receipt of remuneration, honoraria, honorary degrees, honours or other awards from the institution; and
- any other personal or professional relationships that may be perceived as conflict of interest.

Please name below any institutions for which there may be a conflict of interest if you were placed on assignment. Give any reason(s) why the conflict of interest may arise

PREVIOUS SERVICE

Have you previously served as an external evaluator with ACTT or any other regional or international external quality assurance agency?

Yes	
No	

Date(s)/Institution(s)/Agency(ies)

<i>Date</i>	<i>Institution</i>

NARRATIVE

In 200-300 words why do you wish to be considered to serve as a peer evaluator with ACTT?

I, _____ (*name of prospective peer evaluator*), declare that information provided on this form are true and correct and that I will be willing to abide by any terms and conditions established by ACTT for my service as a peer evaluator.

Signature

____/____/____

Date