

Peer Review Initial Information Sheet

1) Contact information

Name of VET Provider

Address

Telephone, fax, e-mail

Contact persons	Name	Contact (e-mail)
Director		
Peer Review Facilitator		
Other persons responsible		

2) Starting point (e.g. prior evaluations, national quality requirements applicable etc.) and decision to conduct Peer Review (taken when and by whom?)

3) Aims and purpose of the Peer Review

- 4) External organisation**
- Single Peer Review
- Reciprocal Peer Review
- Peer Review in a Network

5) Internal organisation (Describe who is responsible for which tasks.)

6) Overview of the procedure and time schedule

Activity	Time frame and due dates
Self-evaluation	
Self-Report (due 1 month before Visit at the latest)	
Preparation of Peer Visit	
Peer Visit	Give 2 possible dates (reserve a whole week) Date 1: Date 2:
Peer Review Report	
Action Plan and Improvements	

**7) Scope of the
Peer Review**

whole institution

parts of the institution (indicate which):

8) Quality Areas

8.1) Special evaluation questions for the Peers

8.2) Requests concerning the Peers – required expertise, from which institution(s) etc.

9) Further comments and requests to the Co-ordinating Body

10) Annex a list of possible Peers with name, address and contact information
