

If your institution is a VET provider: which is your main area of VET provision?

- VET provider – initial VET
 VET provider – continuing VET
 VET provider – initial and continuing VET

Does your institution offer apprenticeship training?

- Yes No

Teaching experience

Teaching experience: Yes No

Years of teaching experience: years

Currently working as a teacher: Yes No

Main professional disciplines/subjects (indicate which in the box below)

1
2
3
4
other

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 training programmes, assessment of teachers/trainers, 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			

Training and certifications in quality assurance/management:

- ISO internal auditor
- ISO external auditor
- EFQM internal assessor
- EFQM external assessor
- Q2E "Modulzertifikat NDK Schulqualität" -
"Basismodul Schulinternes Qualitätsmanagement"
- 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 classes/training sessions
- 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 VET

Other experience with quality assurance and quality development procedures

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

Gender Mainstreaming expertise

Do you have any expertise in Gender Mainstreaming? Yes No

If yes, please describe your expertise (mandatory):

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
- Guidance and counselling
- Training of teachers/trainers
- Development of teaching methods
- Development of training courses
- Development of teaching materials
- Co-operation between vocational training bodies, enterprises and/or social partners
- VET for disadvantaged groups, indicate which:
- Other – Specify:
- Other – Specify:

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 VET institution you prefer for being a member of a Peer Review team (name of VET institution, name of the contact person within this VET 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 Expert Yes No

I accept the inclusion of my peer application in the European Peer Register.

Date:

Place:

Signature:

Data protection: Please note that any information delivered in this application form will be assessed and entered into the **European Peer Register** which members of the LdV projects "Peer Review in Initial VET", "Peer Review Extended" and "Peer Review Extended II" have access to. However, no information will be divulged to third parties outside the European Peer Review projects without your prior consent.

Return this application and, if applicable, any annexes by e-mail or fax
(put "Peer Application" in the subject title of the e-mail) to:

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