**2012 PBRF Quality Evaluation – Request for Evidence Portfolio Information**

*Please note that this form can only be submitted by an individual who has had an Evidence Portfolio (EP) submitted to the 2012 PBRF Quality Evaluation. A TEO cannot submit this form on behalf of any individual staff member.*

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| **Full Name**  (First, Middle and Last Name) |  |
| **Date of Birth** (DD/MM/YYYY) |  |
| **National Student Number** (NSN)  (can be obtained from the TEO) |  |
| **Name of TEO that submitted EP** |  |
| **Evidence Portfolio ID**  (as submitted by the TEO) |  |
| **Contact Phone Number** (for staff member) |  |
| **Email address** |  |
| **Mailing address** to send the printed report |  |

**What to do next**

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| **What to do next** | | | |
| Post or email this completed form to the TEC’s Sector Helpdesk. | | | |
| **Mail:** | TEC Sector Helpdesk  PO Box 27048  Wellington 6141 | **Email:** | sectorhelpdesk@tec.govt.nz |