# Expression of Interest – Co-chair of PBRF Sector Reference Group

This form is for individuals to register their interest in the role of Co-chair of the Sector Reference Group for the Performance-Based Research Fund (PBRF) Quality Evaluation 2025.

## To be completed by the nominee

Please read the role and person description provided for your reference in the accompanying background document. Information about nominations and the information contained in this form will be kept confidential by the TEC.

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| --- |
| **Personal details** |
| Family name |  |
| Given name/s |  |
| Other names (if any) |  |
| Title |  |
| Gender |  |
| Ethnicity (and iwi affiliations where applicable) |  |

|  |
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| **Contact details** |
| Contact phone number |  |
| E-mail address |  |
| Postal address  | *You are welcome to use the contact details for your place of employment.* |

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| **Employment/academic details** |
| Employer (if applicable) |  |
| Current position (if applicable) |  |
| Potential significant conflicts of interest |  |

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| **Expression of interest – supporting statement** |
| Please make a brief statement supporting your expression of interest |  |

**Please return this form and the declaration on the next page with a copy of your Curriculum Vitae, to** **PBRF.Help@tec.govt.nz** **by 5pm on 12 May 2021.**

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## For the nominee

If you are nominating yourself, or being nominated by someone else, please complete this declaration.

I agree to the submission of this Expression of Interest in the role of Co-chair of the SRG on the following basis:

* I have read the and understand the role, responsibilities, and commitments of this role
* I have the agreement of my employer (where required)
* I will be available to Co-chair the Sector Reference Group process between May 2021 and July 2023
* this nomination is valid for the PBRF 2025 Quality Evaluation only and I may withdraw from consideration at any time
* the information contained in this form is accurate and complete to the best of my knowledge.

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Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

## To be completed by the person making this nomination

If you are nominating someone else, please complete this declaration.

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| **Contact details** |
| Family name |  |
| Given name/s |  |
| Title |  |
| Contact number |  |
| E-mail address |  |
| Postal address | *You are welcome to use the contact details for your place of employment.* |

## For the person making the nomination

I agree that I have made this nomination for Co-chair of the PBRF sector reference group on the following basis:

* I have discussed this nomination with the person I am nominating and they have agreed to be considered for the role of Co-chair of the PBRF sector reference group
* this nomination is valid for the PBRF 2025 Quality Evaluation Round only, and
* the information contained in this form is accurate and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date