# Nomination to the Moderation team for the PBRF Quality Evaluation 2025

This form is for making a nomination to the role of Co-Moderator, Co-Moderator – Māori, or Deputy Moderator – Pacific for the Performance-Based Research Fund (PBRF) Quality Evaluation 2025.

## To be completed by the nominee

Please read the role and person descriptions 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.

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

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

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

|  |  |
| --- | --- |
| **Supporting statement** | |
| Please make a brief statement supporting your nomination. |  |

**Please return this form and the declaration on the next page with a copy of your Curriculum Vitae, to** [**PBRF.Help@tec.govt.nz**](mailto:PBRF.Help@tec.govt.nz) **by 5pm on 15 July 2022.**

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## For the nominee

Please complete this declaration.

I agree to the submission of this nomination to the role of Co-Moderator / Co-Moderator – Māori / Deputy Moderator – Pacific (delete as appropriate) of the PBRF Quality Evaluation 2025 on the following basis:

* I have read and understand the role, responsibilities, and commitments of this role
* I have the agreement of my employer (where required)
* I will be available to perform this role process between mid-2022 and mid-2026
* 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.

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

Name

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

Date

## To be completed by the person making this nomination

Please complete this declaration.

|  |  |
| --- | --- |
| **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 the role of Co-Moderator / Co-Moderator – Māori / Deputy Moderator – Pacific (delete as appropriate) of the PBRF Quality Evaluation 2025 on the following basis:

* I have discussed this nomination with the person I am nominating and they have agreed to be considered for this role in the PBRF Quality Evaluation 2025
* 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