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| **Area under Review:** |  | Insert name of Dept/Programme/Centre here | | | |
| School: |  | If relevant, insert name of School here | | | |
| Division: |  | Select a Division | | | |
| Terms of Reference: |  | Select ToR |  | Non-standard ToR attached: | Clinical Insert: |

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| **Review dates:** |  | **Start:** Thursday, 3 January 2019 |  | **End:** date picker |

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| Self Review Coordinator: | Insert name. | |
|  | E: name @otago.ac.nz | T: phone number |
|  |  | |
| Contact Person: | Insert name | |
|  | E: name@otago.ac.nz | T: phone number |

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| **Approval**: signatures required for approval of review details above, ToR, and Panel members listed on page 2. |

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| *(If appropriate)*  Dean of School/Director  Select as appropriate |  | Signature:  Print name: |
| Date: |
| PVC/COO/DVC |  | Signature: |
| Date: |

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| Return a hard copy of this form, signed by the above, to Megan Wilson, Quality Advancement Unit.  Send a Word version of this form with completed Panel member details to [annabel.rutherford@otago.ac.nz](mailto:annabel.rutherford@otago.ac.nz) |

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| QAU to obtain final approval | |
| Deputy Vice-Chancellor (Academic) signature: | |
| Date: | Received by QAU: |

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| **Review Panel Members:** Please ensure all contact details are complete and correct.  If the Review does not require all positions listed below, please indicate by N/A in the Title/Name box. | | | |
| **Position** | **Title and Name** | **Full Postal Address** | **Contact Details** |
| Convenor |  |  | Tel:  Cell:  Email: |
| International |  |  | Tel:  Cell:  Email: |
| A **maximum of four appointments** which should include representatives for the Tertiary or industry/sector (NZ External), Otago staff from the same and/or a different Division, and mana whenua and/or tangata whenua   * Note that one person might represent more than one of these positions – state this below. * Please indicate if any panel members are eligible to receive an [honorarium](https://www.otago.ac.nz/quality/reviews/information/otago731428.pdf) as per the QAU Payment Policy. | | | |
| Position on panel e.g.  *NZ External and mana whenua* |  |  | Tel:  Cell:  Email: |
| Position |  |  | Tel:  Cell:  Email: |
| Position |  |  | Te:  Cell:  Email: |
| Position |  |  | Tel:  Cell:  Email: |
|  | | | |
| Graduate\* |  |  | Tel:  Cell:  Email: |
| **Notes:**   * Refer to the [Review Guidelines](https://www.otago.ac.nz/quality/reviews/information/index.html) for more information on the composition of the Panel. * Review Secretary to be appointed by QAU. * The DVC (A) may amend the Panel as required. * \*A recent graduate is preferred (max. of 3 years out) but if appropriate a current senior student may be appointed.     **Additional notes e.g. disclosure of conflict of interests:** | | | |